

TYPE OR PRINT PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD

KEY NUMBER 32-57-10& 11

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

Local No.

652-87

093630

Below for State Office Use

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*Amberlynn A. 15' Rt 8 Bl 1  
all at 9 #32-57-10411*

EMBALMER'S NAME Woodrow W. Donovan  
FUNERAL DIRECTOR'S SIGNATURE *[Signature]*  
LICENSE No. 105345  
FUNERAL DIRECTOR'S LICENSE No. 108573  
DECEASED'S RESIDENCE BEFORE DEATH Lake County

TYPE OR PRINT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED'S RESIDENCE BEFORE DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED NAME <b>HENRY C. RUSHER</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>April 2, 1987</b>
RACE - 1a <b>White</b>	AGE - Last Birthday (YRS) <b>86</b>	DATE OF BIRTH (MO DAY YR) <b>04-14-1900</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Dyer</b>		HOSPITAL OR OTHER INSTITUTION <b>Our Lady of Mercy Hospital</b>	IF HOSP OR INST (Specify Yes or No) <b>Inpatient</b>
STATE OF BIRTH <b>Kentucky</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED <b>Married</b>	SURVIVING SPOUSE (Name) <b>Ressie Peckenpaugh</b>
SOCIAL SECURITY NUMBER <b>312-10-5312 A</b>	USUAL OCCUPATION <b>Helper</b>	KIND OF BUSINESS OR INDUSTRY <b>Youngstown Sheet &amp; Tube Co</b>	
RESIDENCE - STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Hammond</b>	
STREET AND NUMBER <b>4732 Hickory Street</b>		IS RESIDENCE ON A FARM? <b>NO</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC <b>NO</b>			
FATHER - NAME <b>Sheridan Rusher</b>		MOTHER - MAIDEN NAME <b>Frances Brown</b>	
INFORMANT - NAME <b>Ressie Rusher, Wife</b>		MAILING ADDRESS <b>4732 Hickory Street, Hammond, Indiana 46327</b>	
BURIAL, CREMATION, REMOVAL, OTHER <b>Burial</b>		CEMETERY OR CREMATORY - FUNERAL HOME <b>Chapel Lawn Mem. Gdn.</b>	LOCATION <b>Schererville, Indiana</b>
DATE <b>April 4, 1987</b>		FUNERAL HOME - NAME AND ADDRESS <b>FIFE FUNERAL HOME, INC. East Chicago, IN 46322</b>	STREET <b>4201 Indianapolis Blvd.</b>
NAME OF ATTENDING PHYSICIAN <b>Steven A. Corse, D.O.</b>		DATE SIGNED <b>4/4/87</b>	HOUR OF DEATH <b>4:40a.m.</b>
MAILING ADDRESS - PHYSICIAN <b>1573 N. Cline Avenue, Griffith, Indiana 46319</b>		HEALTH OFFICER - SIGNATURE <i>[Signature]</i>	
DATE RECEIVED BY LOCAL HEALTH OFFICER <b>4-6-87</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>4-6-87</b>	
IMMEDIATE CAUSE <b>CARDIAC ARREST</b>		INTERVAL BETWEEN ONSET AND DEATH <b>MINUTES</b>	
DUE TO OR AS A CONSEQUENCE OF <b>ISCHEMIC CARDIOMYOPATHY</b>		INTERVAL BETWEEN ONSET AND DEATH <b>YEARS</b>	
DUE TO OR AS A CONSEQUENCE OF <b>CONGESTIVE HEART FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>YEARS</b>	
OTHER SIGNIFICANT CONDITIONS <b>PROSTATE CANCER</b>		AUTOPSY? (Specify Yes or No) <b>No</b>	

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