

6cc Rees Funeral Home Inc. 600 W. Ridge Rd. HOBART 46342

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No. _____

0941069 0182

Local No. _____

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Everett F. Andrews Male 3. February 3, 1969

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. White 5a. 62 5b. 5c. 6. 4-25-1906 7. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. Gary 7c. Yes 7d. Methodist Hospital

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Minnesota 9. U.S. 10. Married 11. Julia Bjerkness

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
12. 317 09 6557 13a. Garage Mechanic (Auto) 13b. Andrew Bros. Garage

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a. Indiana 14b. Lake 14c. Gary 14d. NO 14e. Hobart

STREET AND NUMBER
14f. 2498 East 35th Avenue

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. Robert Andrews (dec) 16. Alda Faye Anderson (dec)

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP)
17a. Mrs. Julia Andrews 17b. Wife 17c. 2498 E. 35th Ave., Gary, Ind.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18

IMMEDIATE CAUSE
(a) Bronchopneumonia 2-3 days
DUE TO, OR AS A CONSEQUENCE OF
(b) Esophageal-Pulmonary Fistula 1 mos
DUE TO, OR AS A CONSEQUENCE OF
(c) Bronchogenic Carcinoma 8-12 mos

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO CAUSE
GIVEN IN PART I (A) AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No 19b.

DEATH OCCURRED (HOUR) THE DECEDENT WAS PRONOUNCED DEAD MON DAY YEAR HOUR DATE SIGNED (MONTH, DAY, YEAR)
20a. 3:20P M. 20b. FEBRUARY 3 1969 20c. Phillip E. Kellar M. 20d. February 5, 1969

CERTIFIER—NAME (TYPE OR PRINT) MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
22a. DR PHILLIP E. KELLAR 22b. Phillip E. Kellar MD
23. 504 W. RIDGE ROAD HOBART INDIANA 46342

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER
24a. Burial 24b. Ridgelawn Cemetery 24c. Gary, Indiana 24d. 306

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24e. 2/6/1969 24f. Rees Funeral Home, Inc., 600 W. Old Ridge Rd., Hobart, Ind. 46342

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
25a. Gerald Rees 25b. P.J. Rosenbloom, M.D. 25c. FEB 5 1969 4.01

OR PRINT ONLY WITH ADDING INK THIS IS A PERMANENT RECORD
State Office Use
D. Mayer
1204
EMBALMER'S NAME
LICENSE No.
2012
FUNERAL DIRECTOR'S LICENSE No.
on Permit
Additional fee
No

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P. J. Rosenblum M.D.

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE ... FEB 5 ... 1969