

Local No. 77-0969

090473

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Death No.

77-039539

PERMANENT INNE
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1 John			Bradford	Jr.	M	11-18-77	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4 B		34			11-4-23		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)				
75 GARY		75 YES	D.O.A. MERCY				
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8 Miss		U.S.		10 MARRIED		11 Judie Lee Hughes	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GOVERNMENT OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12 49330-9826		U.S. Steel					
RESIDENCE—STATE		CITY/TOWNSHIP		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP	
14a Ind.		14b LAKE		14c YES		14d Calumet	
STREET AND NUMBER		CITY/TOWNSHIP		WAS DECEASED LIVING IN A HOME FOR THE AGED OR IN A HOSPITAL AT DEATH?		IS RESIDENT ON A FARM?	
14i 2343		14j Rhoads Island		14k YES		14l NO	
PARENTS		FATHER—NAME (FIRST, MIDDLE, LAST)		MOTHER—NAME (FIRST, MIDDLE, LAST)		MARRIAGE RECORD (YES OR NO)	
15 John Bradford (52)		Alice		Rhoads Island		Rhoads Island	
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH RECORD (MONTH, DAY, YEAR)	
17a Judie Lee Bradford		WIFE		2343 Rhoads Island		2 35 PM '90	
PART I		DEATH WAS CAUSED BY		LISTED ONLY ON CAUSE PERMANENT FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH RECORD (MONTH, DAY, YEAR)	
18		(a) ACUTE MYOCARDIAL FAILURE				2 35 PM '90	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		(b) SEVERE CORONARY & ARTERIOSCLEROTIC THROMBOSIS				DIAM./S.S. NO.	
PART II		OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)	
20a NATURAL						10. YES	
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (PART II ITEM 10)		INTERNAL NATURE OF INJURY IN PART I OR	
20b INJURY AT WORK (SPECIFY YES OR NO)		20c		20d		20e	
CORONER'S CERTIFICATION		ON THE BASIS OF THE EXAMINATION OF THE BODY AND, OR THE INVESTIGATION IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED		SIGNATURE	
21a 8:25 P.		21b 11/18/1977		21c 8:25 P.M.		21d 11/29/1977	
CERTIFIER—NAME (TYPE OR PRINT)		MAILING ADDRESS—CERTIFIED		CITY OR TOWN		STATE	
22a WILLIAM H. NOTT M.D.		22b 2293 NORTH MAIN ST.		22c CROWN POINT		22d INDIANA	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN	
24a Burial		24b Greenwood Park		24c Hobart Ind.		24d 11-23-77	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		CITY OR TOWN		STATE	
24d 11-23-77		24e Andrew Smith 934 E. 21st Ave.		24f GARY		24g Ind.	
SIGNATURE OF HEALTH OFFICER		DATE RECEIVED BY LOCAL HEALTH OFFICE					
25b		25c				25d DEC 1 1977	

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EMBALMER'S NAME Diane E. Morgan LICENSE No. 151
FUNERAL DIRECTOR'S SIGNATURE Diane E. Morgan LICENSE No. 1146

FUNERAL HOME No. 255
DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

FUNERAL DIRECTOR'S SIGNATURE IRONWOOD UNIT A KE 945 945 945
225 BL. 15
S10 FT 2.26 BL. 15

CAUSE

RECORDED

RECORDED

RECORDED

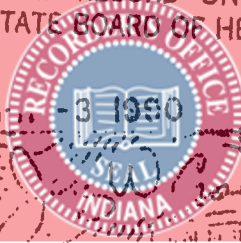
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Division of Vital Records

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