

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A

099815

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____
Date of Death (Month Day Year)

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
MAY 15 1978

HAMMOND HEALTH COMMISSIONER
Date Issued

ENBALMERS NAME: *Robert Miller*
FUNERAL DIRECTOR'S SIGNATURE: *Robert Miller*
LICENSE No. 1472
FUNERAL HOME No. 309

Local No. 386

DECEASED RESIDENCE: *REAR LOTS 22 366 LOTS 10 50 BL. 7 - White Park - Hammond Ind. all L 36 1387*

DECEASED - NAME FIRST: Cecil MIDDLE: S. LAST: Roach		SEX: male	DATE OF DEATH (MONTH DAY YEAR): 5-4-78
RACE: WHITE	AGE: 46	DATE OF BIRTH (MO DAY YR): 4-9-1931	COUNTY OF DEATH: LAKE
CITY, TOWN OR LOCATION OF DEATH: HAMMOND	HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number): ST. MARGARETS HOSPITAL		IF HOSP OR INST. Indicate DDA CP - Emer. Am. Impairment (Specify): INST.
STATE OF BIRTH: TENN	CITIZEN OF WHAT COUNTRY: USA	MARRIED, NEVER MARRIED, WIDOW, DIVORCED, SEPARATED: MARRIED	SURVIVING SPOUSE (if wife, give maiden name): JUDY GRIFFIN
SOCIAL SECURITY NUMBER: 409-48-2184	USUAL OCCUPATION (if kind of work done during most of 1977, give month & years): RETIRED	KIND OF BUSINESS OR INDUSTRY: Y.S.T.X.	
RESIDENCE - STATE: INDIANA	CITY, TOWN OR LOCATION: LAKE HIGHLAND	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER: 8209 the Lake County Road	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FATHER - NAME: JAMES ROACH	MOTHER - MAIDEN NAME: UNAVAILABLE	INFORMANT - NAME (Type or print): JUDY ROACH	
Mailing Address: 8209 Rosewood Ct. Highland Ind 46322		DISPOSITION: BURIAL	
DATE: 5-7-78		LOCATION: LA FOLLOTTE TENN	
NAME OF ATTENDING PHYSICIAN: <i>Robert Miller</i>		DATE SIGNED: 5-4-78	HOUR OF DEATH: 11:30 AM
MAILING ADDRESS - PHYSICIAN: 309 1/2 ...		HEALTH OFFICER - SIGNATURE: <i>Robert Miller</i>	
IMMEDIATE CAUSE: <i>globe of brain</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER: MAY 15 1978	
OTHER SIGNIFICANT CONDITIONS: <i>globe of brain</i>		AUTOPSY (Specify Yes or No):	

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!



FILED

MAY 10 1990

Ann N. Antos