

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

Below for State Office Use

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- 1
- 2
- 3
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- 5
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- 10
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- 12

*Rec'd in Div B - 13-14-15 Pk  
16-17 - 26-27-28 SW  
ack Lot 18-19-20*

EMBALMER'S NAME *Thomas J Burns*  
FUNERAL DIRECTOR'S SIGNATURE *Thomas J Burns*

FUNERAL HOME No. *281*  
FUNERAL DIRECTOR'S LICENSE No. *2380*

100593

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IN ANY APPROPRIATE CASE TO INDICATE CAUSE STATING THE UNDERLYING CAUSE LAST CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

HOLLNAN - SOHACKI (TRANS.)

State No.

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| DECEASED - NAME<br>1 <b>James W Lambing</b>   |  |  |  | SEX<br>2 M   | DATE OF DEATH MONTH DAY YEAR<br>3 July 11, 1985 |
| RACE - (10) 100 is Black American Indian and 200 is Spanish   |  | AGE - (10) 50 is Under 1 Year, 51-59 is 1-4 Years, 60-64 is 5-9 Years, 65-69 is 10-14 Years, 70-74 is 15-19 Years, 75-79 is 20-24 Years, 80-84 is 25-29 Years, 85-89 is 30-34 Years, 90-94 is 35-39 Years, 95-99 is 40-44 Years, 100 is 45-49 Years, 110 is 50-54 Years, 120 is 55-59 Years, 130 is 60-64 Years, 140 is 65-69 Years, 150 is 70-74 Years, 160 is 75-79 Years, 170 is 80-84 Years, 180 is 85-89 Years, 190 is 90-94 Years, 200 is 95-99 Years, 210 is 100 Years and Over |  | DATE OF BIRTH MONTH DAY YEAR<br>4 <b>January 27, 1929</b>  |   |
| CITY, TOWN OR LOCATION OF DEATH<br>7a <b>East Chicago</b>   |  | HOSPITAL OR OTHER INSTITUTION - Name of the institution, give street and number<br>7c <b>St. Catherine Hospital</b>  |  | IF HOSP OR INST UNDER 1000<br>7d <b>I.P.</b>   |   |
| STATE OF BIRTH (10) 100 is U.S.A. (Name of country)<br>8 <b>In</b>  |  | CITIZEN OF WHAT COUNTRY<br>9 <b>USA</b>  |  | MARRIED NEVER MARRIED WIDOWED-DIVORCED, SEPARATED<br>10 <b>Married</b>   |   |
| SURVIVING SPOUSE (10) 100 is wife, 200 is husband, name<br>11 <b>Alice Samarzia</b>   |  | SOCIAL SECURITY NUMBER<br>13 <b>306 24 9422</b>  |  | KIND OF BUSINESS OR INDUSTRY<br>14b <b>Steel</b>   |   |
| USUAL OCCUPATION (10) 100 is of work done during most of working life, except if retired<br>14a <b>clerk</b>  |  | RESIDENCE - STATE COUNTY CITY, TOWN OR LOCATION<br>15a <b>In Lake East Chicago</b>   |  | 14d <b>Steel</b>   |   |
| STREET AND NUMBER<br>15d <b>1218 Beacon St</b>  |  | IS RESIDENCE ON A FARM?<br>15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | INSIDE CITY LIMITS (10) 100 is YES, 200 is NO<br>15f <b>YES</b>  |   |
| IS DECEASED OF SPANISH DESCENT? IF YES, GIVE NAME OF ANCESTOR, PLANTIFF, AMERICAN ETC.<br>15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | FATHER - NAME FIRST MIDDLE LAST<br>16 <b>Charles Lambing</b>   |  | MOTHER - MAIDEN NAME FIRST MIDDLE LAST<br>17 <b>Alice May Barber</b>   |   |
| INFORMANT - NAME (10) 100 is spouse, 200 is other<br>18a <b>Alice Lambing</b>   |  | RELATIONSHIP<br><i>Daughter</i>  |  | MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP<br>18b <b>1218 Beacon St East Chicago In 46312</b> |   |
| BURIAL, CREMATION, REMOVAL, OR OTHER DISPOSITION<br>19a <b>Burial</b>   |  | CITY, TOWN OR LOCATION OF CEMETERY OR CREMATORY - FUNERAL HOME<br>19b <b>Elmwood</b>   |  | LOCATION CITY OR TOWN STATE<br>19c <b>Hammond, In</b>  |   |
| DATE MONTH DAY YEAR<br>20a <b>7-13-85</b>   |  | FUNERAL HOME - NAME AND ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP<br>20b <b>Burns-Kish Munster, In 46321</b>   |  | DATE SIGNED BY DEATH CERTIFICATE OFFICER<br>21b <b>7/18/85</b>   |   |
| NAME OF ATTENDING PHYSICIAN (10) 100 is M.D., 200 is D.O.<br>21d <b>W.S. A. TEEGARDEN M.D.</b>  |  | MAILING ADDRESS - PHYSICIAN<br>21e <b>4370 Fir St East Chicago, Ind 46312</b>  |  | HOUR OF DEATH<br>21c   |   |
| HEALTH OFFICER - SIGNATURE<br>22a <i>Thomas J Burns</i>   |  | DATE RECEIVED BY LOCAL HEALTH OFFICER<br>22b <b>7-18-85</b>  |  |  |   |
| IMMEDIATE CAUSE<br>23 <b>CONGESTIVE HEART FAILURE</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br>24 <b>1 mo</b>   |  |  |   |
| PART I (a) <b>ARTERIOSCLEROTIC CORONARY ARTERY DISEASE</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br>24 <b>YEARS</b>  |  |  |   |
| PART II OTHER SIGNIFICANT CONDITIONS  |  |  |  |  |   |

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