

100944

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 836

Nov 10, 1989 Date Issued
Franklin G. Remuda, M.D. Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED--NAME (First Middle Last) (Bell) Sheridan Donaldson		2 SEX Male	3a TIME OF DEATH 5:30 P.M.	3b DATE OF DEATH (Month Day Year) November 8, 1989
4 SOCIAL SECURITY NUMBER 315-10-3186	5a AGE--Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) October 1, 1915
7 BIRTHPLACE (City and State or Foreign Country) Ramsey, Illinois	8a WAS DECEDENT A US VETERAN? Yes	8b YEAR LAST SERVED IN US ARMED FORCES? 1937	9a PLACE OF DEATH (Check only one. See instructions)	
HOSPITAL <input checked="" type="checkbox"/> Inpatient		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
<input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> Residence		

9b FACILITY NAME (If not institution, give street and number) St. Margaret Hospital		9c CITY, TOWN OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Lucy Ledbetter	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pipefitter	12b KIND OF BUSINESS, INDUSTRY U.S. Steel

13a RESIDENCE--STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Hammond	13d STREET AND NUMBER 6534 Arkansas Avenue
13e ZIP CODE 46323	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE--American Indian, Black, White, etc. (Specify) White	17 DECEASED'S EDUCATION (Specify only highest grade completed)	
Elementary/Secondary (0-12) 12		College (1) or 5+ 12	

18 FATHER'S NAME (First Middle Last) Morris Donaldson	19 MOTHER'S NAME (First Middle Maiden Surname) Nettie Bell Matthews	
20a INFORMANT'S NAME (Type/Print) Mrs. Lucy Donaldson	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6534 Arkansas Ave Hammond, IN 46323	20c Relationship Wife

21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 11, 1989 Elmwood Cemetery	21c LOCATION--City or Town, State Hammond, Indiana
22a EMBALMERS NAME Charles D. Scheuer, Jr.	22b EMBALMERS LICENSE NO 1006049	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

24a SIGNATURE OF FUNERAL DIRECTOR John V. Huber	24b LICENSE NUMBER (of license) 1045362	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME VIRGIL HUBER Funeral Home- 3002869 7051 Kennedy, Hammond, IN 46323
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26 PART I (From the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.)	IMMEDIATE CAUSE (final disease or condition resulting in death)	a. widely metastatic carcinoma of the prostate	Approximate Interval Between Onset and Death years
Conditions if any which gave rise to the immediate cause stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF)		
	c. DUE TO (OR AS A CONSEQUENCE OF)		
	d. DUE TO (OR AS A CONSEQUENCE OF)		

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I	27 WAS DECEDENT PREGNANT OR 90 DAYS POST PARTURITION? No	28a WAS AN AUTOPSY PERFORMED? No	28b WEHI AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
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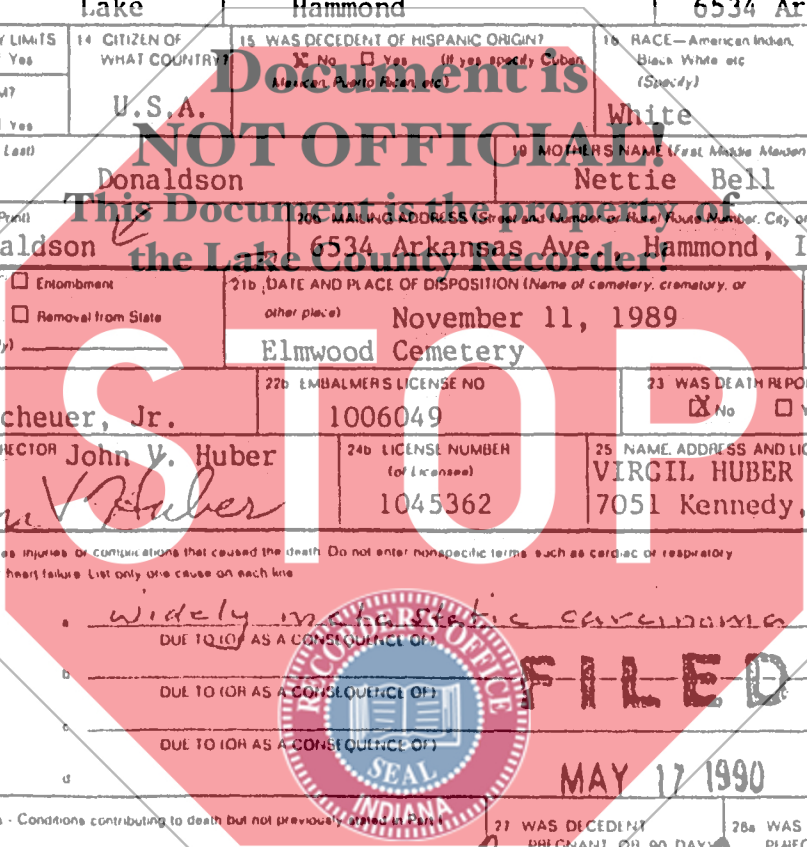
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) as stated	<input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) as stated	<input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated
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29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO 36259	29d DATE SIGNED (Month, Day, Year) November 9, 1989
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30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. J. Greaton 7905 Calumet Avenue Munster, Indiana 46321	31 DATE FILED (Month, Day, Year) NOV 13 1989
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33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY--At home, farm, street, factory, office, building, etc. (Specify)	34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			

34g DATE PRONOUNCED DEAD (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.
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Key # 34-72-13

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY