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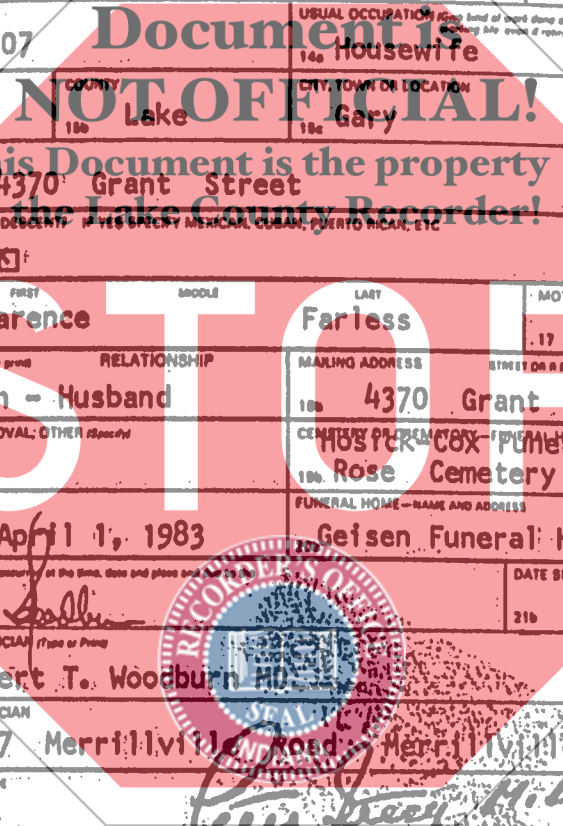
EMBALMER'S NAME: Keith Dillio  
FUNERAL DIRECTOR'S SIGNATURE: Robert J. Woodburn  
FUNERAL HOME: 776  
FUNERAL DIRECTOR'S LICENSE NO.: 367  
FUNERAL HOME LICENSE NO.: 1205  
DATE: MAR 31 1983

5cc 105983  
Local No. 521-83

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. ....

DECEASED—NAME FIRST MIDDLE LAST JoAnn Ralph		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) March 29, 1983
RACE—(a) White, (b) Black, American Indian, or (c) Other	AGE—Last Birthday 43	DATE OF BIRTH (MO., DAY, YR.) June 11, 1939	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Crown Point	HOSPITAL OR OTHER INSTITUTION—Name if not at either give street and number St. Anthony Medical Center		IF HOEP OR INST. Indiana DOA, GP, Hosp, San, Treatment (Specify) Inpatient
STATE OF BIRTH (if not in U.S.A. name country) Tennessee	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE (if male give maiden name) Earl Ralph
SOCIAL SECURITY NUMBER 332-30-7007	USUAL OCCUPATION (Give kind of work done during most of working life even if temporary) Housewife	KIND OF BUSINESS OR INDUSTRY At Home	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 4370 Grant Street		INSIDE CITY LIMITS (Specify Yes or No) Yes	
IS DECEASED OF SPANISH DESCENT? (If Yes Specify Mexican, Cuban, Puerto Rican, etc.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST Clarence Farless	MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mildred Kibble		
INFORMANT—NAME (Type or grade) Earl Ralph - Husband	RELATIONSHIP Husband	MAILING ADDRESS 4370 Grant Street	CITY OR TOWN STATE ZIP Gary, Indiana 46408
DISPOSITION Burial	CEMETERY OR CREMATION (Specify) Rose Cox Cemetery	LOCATION Elizabethtown, Illinois	DATE (MONTH, DAY, YEAR) Removal: April 1, 1983
FUNERAL HOME—NAME AND ADDRESS Geisen Funeral Home, Inc., 7905 Bdw., Merrillville, In.		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 46410	
NAME OF ATTENDING PHYSICIAN (Type or Print) Robert T. Woodburn M.D.		DATE SIGNED (MO., DAY, YR.) March 30, 1983	HOUR OF DEATH 8:25 P.M.
MAILING ADDRESS—PHYSICIAN 8127 Merrillville Road, Merrillville, Indiana 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER 3-31-83	
HEALTH OFFICER—SIGNATURE Keith Dillio			
IMMEDIATE CAUSE PART I (a) X Adult respiratory distress syndrome DUE TO OR AS A CONSEQUENCE OF (b) Pneumococcal septicemia DUE TO OR AS A CONSEQUENCE OF (c) Hodgkin's disease and asplenia		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a) Hodgkin's disease	



FILED

JUN 13 1990

Auditor R. Carter  
AUDITOR LAKE COUNTY

SBH 06-003 State Form 35430  
REV. 10/77  
3rd Subdiv Oakington Park  
S 80.08 ft lot 7 BK 5  
Key # 39-269-9 wit # 1

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STATE OF INDIANA  
LAKE COUNTY  
RECORDED