SBH06-004

State Form 10110

Rev 10/87

DEATH/PD 1

## INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

THIS CERTIFIES THE POLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON PILE WITH THE

HAMMOND HEALTH	DEPARTMENT.	المعادين
NOV 0 1 1988	44.201	

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TYPE/PRINT	DECEASED-NAME	eiest Jin	mmie		last Pugh		**		:	TH (Mo. Doy. V/)
PERMANENT	4. SOCIAL SECURITY N	UMBER S	Sa AGE—Lest Buthday (Years)	56 UNDER I YEAR	5c UNDER 1 DA	AY 6 DA	TE OF BIRTH (MONTA		<b></b> • i.	
	309-30-770		60	Months Days	Hours Minutes	Feb	. 3. 1928		ur Cou	nty, Alaban
<u> </u>	8 YEAR LAST SERVED US ARMED FORCES	;; 1952	HOSPITAL -	ient D ER/Outpatient D		CO	only one See Metruce	,		
DECEDENT Y	96 FACILITY NAME (# A		· · · · · · · · · · · · · · · · · · ·	ient El Eryoutpadent L			CATION OF DEATH	· ———————	Y OF DEATH	<del></del>
DECEDERAL		ret Hosp				mond		Lake	- ·	<u> </u>
V	10 MARITAL STATUS- Never Married, Widow		1. SURVIVING SPOUSE (If wife, give maiden na		2a DECEDENT'S USUAL (Give kind of work don			126 KIND OF	"BUSINESS/II	NDUSTRY
1	Divorced (Specify)		Geraldine		Crane Oper		retired)	LTV St	eel	<del></del>
,	Indiana	E 135 CC		13c. CITY, TOWN, OR LO	CATION		126 W. 1	<sub>IMBER</sub> L <b>th</b> . <b>Aven</b> :	10	
	13e INSIDE CITY LIMITS? (Yes or no)	13f. FARM	13g ZIP CODE	14. WAS DECEDENT OF	HISPANIC ORIGIN?			16: DECEDENT'S EDUCATION (Specify only highest grade completed)		
	Yes	No	46404		in etc.) No D Ye			Elementany/Secon	ngary (0-12)	College (1-4 or 5 + )
PARENTS "	17. FATHER'S NAME (FI						(First. Middle, Melden (	Oth Gra( Surname)	76.	<u>L</u> .
	John Pu			Doggan	Made 1		kson	ess e mareces compos e	one a progress	****
INFORMANT	194 INFORMANT'S NAM Geraldine			4126 W	DDRESS (Street and Nur	nue Fursi f	Route Number, City or India	4 4 4		Relationship
	204 METHOD OF DISPO		NO	205 DATE AND PLACE	FDISPOSITION (Name o	of cometery, c		20c. LOCATION—	<del></del>	
DISPOSITION	Burial Cra	mation Reg her (Specify)	novel from State	other place) Oc	tober 14, 1	W-1-1-17	of	Griffia	h Tnd	liana
	21a SIGNATURE OF FUI	NERAL DIRECTOR	the I	ake Coup	ENSE NUMBER	22 NAME	ADDRESS AND UC	ENSE NUMBER OF	FUNERAL HO	MED
7	Traces C	heri I	helleasu	FDE	600238	4859		Avenue		 ?≥ <b>F</b> iH 3001520
PRONOUNCING	Combigations range only		To the best of my knowl	edge, deeth occurred at the	time, date, and place stated	d.	23b. LICENS	E NUMBER	232	DATE SIGNED
PHYSICIAN ONG ITEMS 24:26 MUST	not available at time of dea to certify cause of death	ith i	nature and Title <	S. S.	7	io l	32	08095	<b>-</b> 1	(Morth Day, Year) 定是 10 /988
BE COMPLETED BY. PERSON WHO	24 TIME OF DEATH	25.	DATE PRONOUNCED D				26. WAS C	ASE NEFERRED TO	MEDICAL EXA	AMINER/CORONER?
PRONOUNCES DEATH	134 P	м. Т	O'C	·h 9 19	October	9, 19	988 (Yes or	UD)	O R	S.S.
,			s. or complications that ca ure. List only one cause o	used the death. Do not enter	the mode of dying, such a	ns cardiac or r	espiratory	0.44 0.44 0.44	5	Spproximate
7	IMMEDIATE CAUSE (Fine	CAR	DIO-RE	ESPIRAT	ORY A	AYZR C	257			Onset and Death
• • SEE INSTRUCTIONS	disease or condition resulting in death)		A contract of the contract of	OR AS A CONSEQUENCE	•	Λ	INI P	- A OSC	•	<del></del>
	Sequentially list conditions if any, leading to immediate		b DUE TO (	OR AS A CONSEQUENCE	OF)	A	IIV , Ke	CAPS	<del>5 •</del>	
, ,	CAUSE Enter UNDERLYING		c						·	
8.	resulting in death) LAST		d DUE TO (	OR AS A CONSEQUENCE			/. =	111	FN	
CAUSE OF	PART II Other significant	conditions contribut	ling to death but not result	ing in the underlying couse (	iven in Part 1.		, · 28a W A			UTOPSY FINDINGS
DEATH				77710IA	in in in		PERFOR (Yes or		COMPLE	BLE PRIOR TO ETION OF CAUSE EHR (Yea of po)
1			\		1 · ·			JUL 11	1220.	TH? (Yee or no)
SEE 'N	29e CERTIFIER (Check only	CERTIFYIN	IG PHYSICIAN (Physician	certifying cause of death w	hen another physicien has	pronounced d	leath and completed Ite	om 23)	<i>A</i> -	<u> </u>
INSTRUCTIONS	one)	To the best	of my knowledge, death o	occurred due to the cause(s)	and manner as stated	****************	an	J 77.	anti	
CERTIFIER				PHYSICIAN (Physician bott				UDITOR LAKE	COUNTY	•
, CENTILIEN	·	MEDICAL I	EXAMINER D COR	ONER DHEALTH OFF	ICER	••••		******************************	<del>  </del>	***************************************
1		On the besi		ivestigation, in my opinion, di		date, and place	s, and due to the cause	(e) and manner as a	isted	
(2)	296 SIGNATURE AND T		Jani 1	cw/		1	33342	1		NED (Month, Day, Year)
A.	30 NAME AND ADDRES			OF DEATH (ITEM 27) (Type	A/Print		33342	100	Lober	10, 1900
~ *	F. Gaila			lumet Avenue	-	Indi	ana 46 321			
HEALTH \ J	31. HEALTH OFFICERS S	SIGNATURE	Δ. Δ	lm.9.0 p	amu lam	1 h		32	DATE FILED	1 3 1988
OFFICER V	33 MANNER OF DEATH		1 34 DATE OF INJUR	<del></del>	Jac INJURY AT W		34d DESCRIBE HO			1000
CORONER OR	□ Natural □ Pe	ndina "	(Month. Day, Yes		(Yes or no)					
MEDICAL EXAMINER USE	Accident Inv	restigation						00500	*	
ONLY		ould not be stermined	34e PLACE OF INJU building, etc (Spi	IRY—At home, farm, street. ( ecify) •	lactory, office	34f. LOCA	TION (Street and Nun	nber or Rural Route i	Number, City o	x Town, State)
		<del></del>	<u> </u>	<del></del>		<u>L</u>				