

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.

NOV 01 1988

Date Issued: Hammond, Health Commissioner

Local No. 110729 836

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (Jimmie Pugh), SOCIAL SECURITY NUMBER (309-30-7705), DATE OF BIRTH (Feb. 3, 1928), PLACE OF DEATH (St. Margaret Hospital), MARRITAL STATUS (Married), SURVIVING SPOUSE (Geraldine Sims), DECEASED'S USUAL OCCUPATION (Crane Operator), RESIDENCE (Indiana, Lake, Gary), DECEASED'S EDUCATION (6th Grade), FATHER'S NAME (John Pugh), MOTHER'S NAME (Mattie Jackson), INFORMANT'S NAME (Geraldine Pugh), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (October 14, 1988, Griffith, Indiana), SIGNATURE OF FUNERAL DIRECTOR (Tracy Cheri Sullivan), LICENSE NUMBER (FDE8600238), NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Danton & Williams Funeral Home), COMPLETE ITEMS 23a-c ONLY (23a: death occurred at the time, date, and place stated; 23b: license number 0200958; 23c: date signed Oct 10 1988), TIME OF DEATH (7:30 P M), DATE PRONOUNCED DEAD (October 9, 1988), WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes), PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) - CARDIO-RESPIRATORY ARREST; DUE TO (OR AS A CONSEQUENCE OF) ACUTE LEUKEMIA IN RELAPSE; PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I; 27a: CERTIFIER (Check only one) - CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) - Anna N. Anton, M.D., MORTON LAKE COUNTY; 27b: SIGNATURE AND TITLE OF CERTIFIER (Gailani M.D.); 27c: LICENSE NUMBER (33342); 27d: DATE SIGNED (October 10, 1988); 30: NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) - F. Gailani, M.D., 7905 Calumet Avenue, Munster, Indiana 46321; 31: HEALTH OFFICER'S SIGNATURE (Franklin D. Remuda, M.D.); 31: DATE FILED (Month, Day, Year) - OCT 13 1988; 33: MANNER OF DEATH (Natural, Accident, Suicide, Homicide, Pending Investigation, 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 (000514); 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)

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ON

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

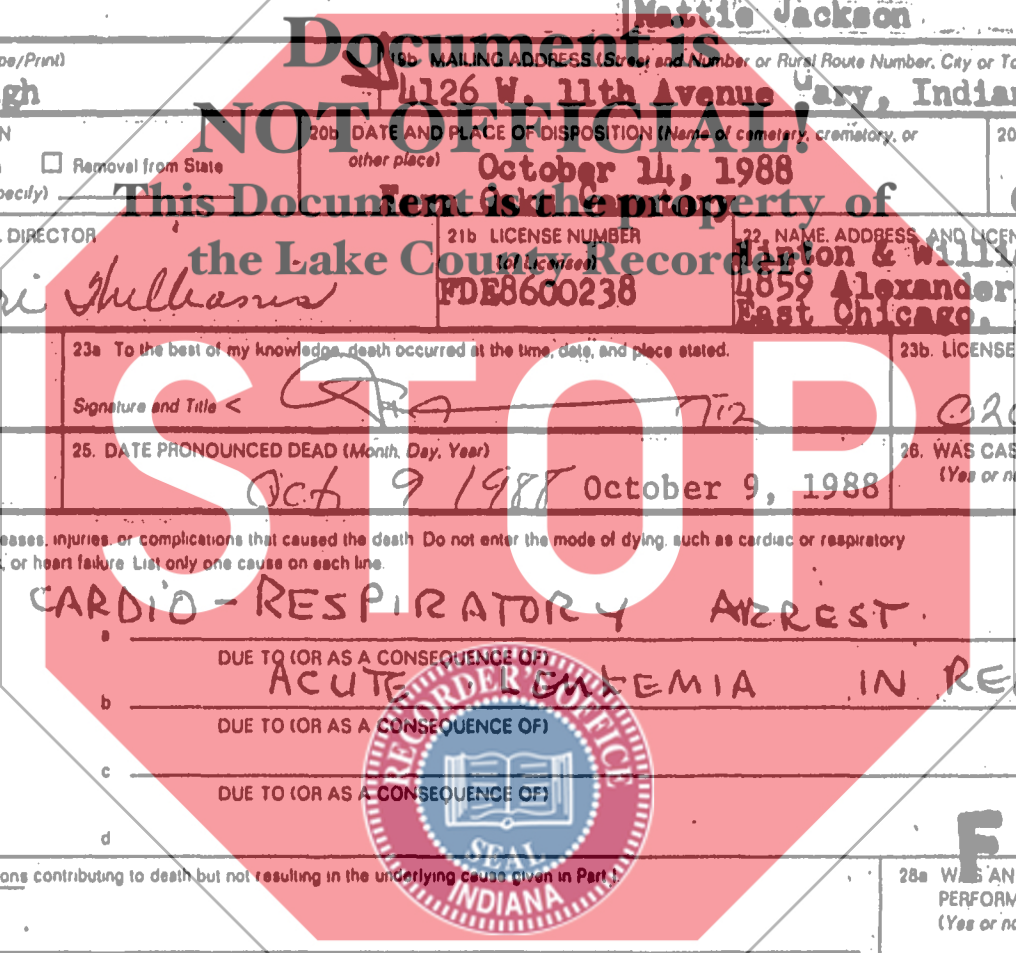
CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY



FILED

JUL 10 1990

Key # 43-175-26 - Albany, Ind. 4.27.23 4.28.88

6.00