

113089000

INDIANA STATE BOARD OF HEALTH

Local No. 166

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>John D. Tucker</b>				2. SEX <b>Male</b>		3a. TIME OF DEATH <b>2:35 p.m.</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>June 11, 1990</b>				
4. SOCIAL SECURITY NUMBER <b>425-01-1775</b>		5a. AGE—Last Birthday (Years) <b>80</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) <b>Oct. 2, 1909</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Madison County, Mississ</b>		
8a. WAS DECEDENT A US VETERAN? <b>Yes</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>		9a. PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence								
9b. FACILITY NAME (If not institution, give street and number) <b>St. Catherine Hospital</b>						9c. CITY, TOWN, OR LOCATION OF DEATH <b>East Chicago</b>			9d. COUNTY OF DEATH <b>Lake</b>			
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Almatine Webb</b>		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Motor Inspector (retired)</b>				12b. KIND OF BUSINESS/INDUSTRY <b>LTV Steel</b>				
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>East Chicago</b>			13d. STREET AND NUMBER <b>1202 E. Columbus Drive</b>					
13e. ZIP CODE <b>46312</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		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) <b>Black</b>		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8th Grade</b> College (1-4 or 5+) <b></b>		
18. FATHER'S NAME (First, Middle, Last) <b>Zack Tucker</b>						19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lennie Not Available</b>						
20a. INFORMANT'S NAME (Type/Print) <b>Almatine Tucker</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP) <b>1202 E. Columbus Dr East Chicago, In 46312</b>				20c. Relationship <b>Wife</b>				
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>June 11, 1990 Evergreen Memorial Park</b>				21c. LOCATION—City or Town, State <b>Hobart, Indiana</b>				
22a. EMBALMER'S NAME <b>Tracy C. Williams</b>				22b. EMBALMER'S LICENSE NO. <b>FD08600238</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>				24b. LICENSE NUMBER (of Licensee) <b>FD08600238</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Hinton Williams Funeral Home 4859 Alexander Avenue East Chicago, Indiana 46312</b>						
26. PART I. Enter 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. <b>pneumonia</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>Jacques (neut) zfeld</b> DUE TO (OR AS A CONSEQUENCE OF) c. <b></b> DUE TO (OR AS A CONSEQUENCE OF) d. <b></b> DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>none</b>												
27. WAS DECEDENT PREGNANT OR POSTPARTUM (Yes or no) <b>no</b>						28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>no</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)				
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.												
29b. SIGNATURE AND TITLE OF CERTIFIER <i>David L. Reynolds</i>						29c. MEDICAL LICENSE NO. <b>10307111</b>		29d. DATE SIGNED (Month, Day, Year) <b>6-12-90</b>				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>706 Ridge Rd, Munster, IN, 46321</b>												
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Jim Rankovich</i>										32. DATE FILED (Month, Day, Year) <b>6-12-90</b>		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			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.						

30-404-44  
PARENTS INFORMANT  
DISPOSITION  
CAUSE OF DEATH  
40404-44  
Rt 45  
Hobart, Ind.



INDIANA STATE BOARD OF HEALTH  
COUNTY RECORDS  
RECORDS  
JUN 11 1990  
4 27 PM '90  
ROBERT J. FREELAND  
RECORDS