

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below (Seal) Office Use

Above is a TRUE AND
CORRECT COPY OF THE
CERTIFICATE OF DEATH
TO BE FILED WITH THE
LAKE COUNTY HEALTH
DEPT.

26-91-37
JOLIDANS ADD
L. 37 v 38 BL6

MAY 10 1983
LICENSE No. 1783

John C. Ault
Funeral Director's
Signature

FUNERAL HOME
No. 280

FUNERAL DIRECTOR'S
LICENSE No. 1783

Local No. 735-83

TYPE OR PRINT
OR PRINT
PERMANENT
RECORD
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED
USUAL RESIDENCE
WHERE DECEASED
LIVED IN DEATH
OR PLACED IN
INSTITUTION, OVER
RESIDENCE BEFORE
ADMISSION

PARENTS
LAKE COUNTY HEALTH
DEPT.

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE,
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

91008659

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

DECEASED—NAME FIRST MIDDLE LAST Andrew H. Jamminga		SEX male	DATE OF DEATH MONTH DAY YEAR May 9, 1893
RACE white	AGE—Last Birthday (M Y D) 66 61	UNDER 1 YEAR MONTHS DAYS 00 00	UNDER 1 DAY HOURS MINUTES 00 00
CITY, TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION—Name if not in earlier part of report and number St. Mary's Medical Center	IF HOSP OR INST Indicate DOA OP-1 use the signature (Specify) inpatient
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	SURVIVING SPOUSE at date (give maiden name) Doris Forster
SOCIAL SECURITY NUMBER 312-14-2599	USUAL OCCUPATION (do not limit of work done during most of working life, even if retired) Printer	KIND OF BUSINESS OR INDUSTRY 146 Calumet Press	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hobart	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 710 W. Lake	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) yes
IF DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			
FATHER—NAME FIRST MIDDLE LAST William Jamminga		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mary Grugel	
FORMER NAME (If not at present) Mrs. Doris Jamminga (Wife)	RELATIONSHIP Wife	MAILING ADDRESS 710 W. Lake Griffiths, Ind. 46319	CITY OR TOWN STATE Gary, Ind.
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY—FUNERAL HOME Ridgeland Cemetery	LOCATION CITY OR TOWN STATE Gary, Ind.	
DATE (MONTH DAY YEAR) May 11, 1983	FUNERAL HOME—NAME AND ADDRESS Bocken Funeral Home, Inc.	STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP 7042 Kennedy Ave. Hammond, Ind. 46322	
NAME OF ATTENDING PHYSICIAN (If not at present) 521 E. 86 Avenue Suite R, Merrillville, Indiana - 46410.		DATE SIGNED (M. Day Yr) 5/10/83	HOUR OF DEATH 6:18 A.
HEALTH OFFICER—SIGNATURE John C. Ault		DATE RECEIVED BY LOCAL HEALTH OFFICER 5-10-83	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) (a) Respiratory Failure DUE TO OR AS A CONSEQUENCE OF (b) Diffuse Large Cell Lymphoma DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs G.M.	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a) and (b)		AUDITOR (Specify Yes or No) Aunt N. Anton LAKE COUNTY	

16833

STATE OF INDIANA, S. H. U.

FILED

FEB 25 1991

6/00