

91016319

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Key# 1-115-5
Unit 4 Pont Co's Riverside
Farms L 347
State No.

Local No. 405-91

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) HOYT L. SIMS				2 SEX MALE		3a. TIME OF DEATH 1:07 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) FEBRUARY 18, 1991	
4 SOCIAL SECURITY NUMBER 413-44-4156		5a. AGE—Last Birthday (Year) 21-59-1175		5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) June 5, 1931		7. BIRTHPLACE (City and State or Foreign Country) Calumet City, Ill.	
8a. WAS DECEDENT A U.S. VETERAN? Ye		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? Korea		9a. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Incident <input checked="" 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) THE COMMUNITY HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER			9d. COUNTY OF DEATH LAKE		
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Ruth Ooms		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Repairman			12b. KIND OF BUSINESS/INDUSTRY Ford Motor Co.		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Munster		13d. STREET AND NUMBER 9044 Bunker Hill			
13e. ZIP CODE 46321	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 9 College (1-4 or 5+) 9	
18 FATHER'S NAME (First, Middle, Last) Hoyt Sims				19. MOTHER'S NAME (First, Middle, Maiden Surname) Nola Henshaw					
20a. INFORMANT'S NAME (Type/Print) Ruth Sims				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9044 Bunker Hill Munster, Ind. 46321				20c. Relationship Wife	
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) Feb. 22, 1991 Chapel Lawn Mem. Gardens			21c. LOCATION—City or Town, State Schreererville, Indiana			
22a. EMBALMER'S NAME Joseph C. Lauer			22b. EMBALMER'S LICENSE NO. FDE 1043572		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Paul Jay</i>			24b. LICENSE NUMBER (of Licensee) FDO 1018785		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Cal. Huber Funeral Home, 1305 N. Hammond, Ind. 46302				
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as "natural" or "old age." List only one cause on each line. Approximate Interval Between Onset and Death									
IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac Arrest									
a. DUE TO (OR AS A CONSEQUENCE OF) acute myocardial infarction									
b. DUE TO (OR AS A CONSEQUENCE OF) coronary atherosclerosis									
c. DUE TO (OR AS A CONSEQUENCE OF) atherosclerotic heart disease									
d. DUE TO (OR AS A CONSEQUENCE OF)									
PART II. Other significant conditions contributing to death but not previously stated in Part I. Arteriosclerosis					27. WAS DECEDENT COUNTY HEALTH DEPARTMENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		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					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Cespedes</i>				29c. MEDICAL LICENSE NO. 21814		29d. DATE SIGNED (Month, Day, Year) FEBRUARY 19, 1991			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) CARLOS CESPEDES M.D., 101 N. GRIFFITH BLVD., GRIFFITH, INDIANA 46319									
31. HEALTH OFFICER'S SIGNATURE <i>Carlos Cespedes, M.D.</i>									
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <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		
CORONER USE ONLY			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.					

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

FILED

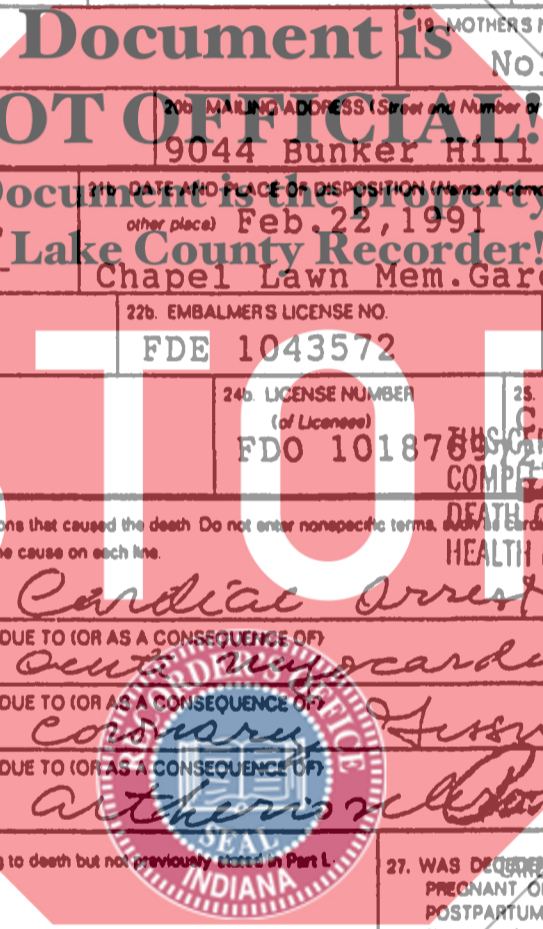
APR 1 1991

Amos H. Carter
AUSTIN LAKE COUNTY

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



STATE OF INDIANA/S.S. LAKE COUNTY
APR 1 1991
FILED
ROBERT J. HENNING
RECORDER

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