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Below for State Office Use

FILED MAY 09 1991

91022003

Local No. 845-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 00551

DECEASED

DECEASED—NAME (First, Middle, Last)	FLOYD BAILEY
SEX	MALE
DATE OF DEATH (Month Day Year)	APRIL 29, 1987
RACE	WHITE
AGE—Last Birthday (Yrs)	66
DATE OF BIRTH	12-29-1920
COUNTY OF DEATH	LAKE
CITY, TOWN OR LOCATION OF DEATH	HOBART
HOSPITAL OR OTHER INSTITUTION	ST. MARY'S MEDICAL CENTER
IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient	INPATIENT
STATE OF BIRTH	KENTUCKY
CITIZEN OF WHAT COUNTRY	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	MARRIED
SURVIVING SPOUSE	MARY J. HAMMERS
WAS DECEDENT EVER IN U.S. ARMED FORCES?	YES
SOCIAL SECURITY NUMBER	403-12-9892
USUAL OCCUPATION	NOZZLE SETTER HELPER
KIND OF BUSINESS OR INDUSTRY	U.S. STEEL CORPORATION

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

RESIDENCE—STATE	INDIANA
COUNTY	LAKE
CITY, TOWN OR LOCATION	HOBART
STREET AND NUMBER	1109 EAST 5TH STREET
IS RESIDENCE ON A FARM?	NO XX
INSIDE CITY LIMITS	YES
IS DECEASED OF SPANISH DESCENT?	NO XX

PARENTS

FATHER—NAME	THOMAS BAILEY, (DEC.)
MOTHER—MAIDEN NAME	ROSE JENKINS, (DEC.)
INFORMANT—NAME	MARY J. BAILEY
RELATIONSHIP	WIFE
MAILING ADDRESS	1109 EAST 5TH STREET, HOBART, IN 46342

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER	BURIAL
CEMETERY OR CREMATORY—FUNERAL HOME	CHAPEL LAWN CEMETERY
LOCATION	SCHERERVILLE, IN
DATE (Month, Day, Year)	MAY 01, 1987
FUNERAL HOME—NAME AND ADDRESS	Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-0488

M.D. OR D.O.

To the best of my knowledge death occurred ... (Signature)	[signature]
DATE SIGNED	4/30/87
HOUR OF DEATH	10:45 A.M.
NAME OF ATTENDING PHYSICIAN	RICHARD STOOKEY, M.D.
MAILING ADDRESS—PHYSICIAN	295 SOUTH WISCONSIN STREET HOBART, INDIANA 46342
HEALTH OFFICER—SIGNATURE	[signature]
DATE RECEIVED BY LOCAL HEALTH OFFICER	4-30-87

CAUSE

23. PART I
(a) IMMEDIATE CAUSE: Renal Failure
(b) DUE TO OR AS A CONSEQUENCE OF: End Stage Carcinoma Kidney ē Metastasis
(c) DUE TO OR AS A CONSEQUENCE OF:
PART II OTHER SIGNIFICANT CONDITIONS:
AUTOPSY: NO

EMBALMER'S NAME WILLIAM K. WILSON LICENSE No. FDE 10231
FUNERAL DIRECTOR'S SIGNATURE [signature] LICENSE No. FDE1041083
FUNERAL HOME 3003059

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF CERTIFICATE ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

STATE OF INDIANA/S.S. No. LAKE COUNTY FILED FOR RECORD
1991 MAY 9 11 21 AM
ROBERT ... RECORDER

6:30cc
6.00

SBH 06-003 State Form 35430
REV. 10/77