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Below for State Office Use

A _____
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91023644

Local No. 179

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

01086

FUNERAL HOME
No. 281

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

DECEASED—NAME 1. JOHN (JACK) E. LEWIS		SEX 2. M	DATE OF DEATH (MONTH, DAY, YEAR) 3. 3/4/84
RACE—(to be White, Black, American Indian, etc.) (Specify) 4. WHITE	AGE—Last Birthday (Yrs) 5a. 64	UNDER 1 YEAR 5b. 64	UNDER 1 DAY 5c. 64
CITY, TOWN OR LOCATION OF DEATH 7b. HAMMOND		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7c. ST. MARGARET HOSPITAL	IF HOSP. OR INST. Indicate DCA, CP/Emar, Am, Psychiatric (Specify) 7d. INPATIENT
STATE OF BIRTH (if not in U.S.A. name country) 8. INDIANA	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (if wife, give maiden name) 11. LORRAINE PEARCE
SOCIAL SECURITY NUMBER 13. 304-14-7632		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14. ELECTRIC FURNACE OPERATOR	KIND OF BUSINESS OR INDUSTRY 14b. INLAND STEEL CO.
RESIDENCE—STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. HAMMOND	IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15a. 7213 TAPPER AVENUE		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f. YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16. MELVIN C. LEWIS		MOTHER—MAIDEN NAME 17. HAZEL SUTTINGER	
INFORMANT—NAME (Type or print) 18a. LORRAINE LEWIS/Wife		RELATIONSHIP 18b. Wife	MAILING ADDRESS 18c. 7213 TAPPER AVE., HAMMOND, INDIANA 46323
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. CREMATION		CEMETERY OR CREMATORY—FUNERAL HOME 19b. OAKLAND MEMORY LANE	LOCATION 19c. DOLTON, ILLINOIS
DATE (MONTH, DAY, YEAR) 20a. MARCH 8, 1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. BURNS-KISH FUNERAL HOMES, INC. HAMMOND, INDIANA	
To the best of my knowledge, death occurred at the time, date, and place stated. 21a. (Signature) <i>M. Levin</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 3/7/84	HOUR OF DEATH 21c. 9:10 A.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. M. Levin, M.D.		RECORDED FILED MAY 10 1984 STATE OF INDIANA/S.S. NO. LAKE COUNTY	
MAILING ADDRESS—PHYSICIAN 21e. 5500 Holman Ave., Hammond, Ind. 46320		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. MAR 17 1984	
HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i>			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I	(a) Cardiopulmonary arrest		Interval between onset and death
	(b) cerebral hemorrhage		Interval between onset and death
	(c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (1)		Interval between onset and death
PART II	24. NO		AUTOPSY (Specify Yes or No)

SBH 05-003 State Form 35430
REV. 10/77

Thomas J. Burns
AUXILIARY LAKE COUNTY

600

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. MAR - 8 1984

HAMMOND HEALTH COMMISSIONER
THOMAS J. BURNS
FUNERAL DIRECTOR'S SIGNATURE
FUNERAL HOME No. 281
LICENSE No. 4518
FUNERAL DIRECTOR'S LICENSE No. 2380

32-87-5
9 BUNA VISTA ADD
10 S51 LOT 4
ALL LOT 5
11 N151 LOT 2
BLOCK 5
12 _____