10

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1462-88 91024159

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME FIRST Samuel MIDDLE S. LAST Hill

2 SEX male

3 DATE OF DEATH (Mo. Day, Yr.) July 11, 1988

4 SOCIAL SECURITY NUMBER 306-10-1322

5a AGE—Last Birthday (Years) 87

5b UNDER 1 YEAR Months Days

5c. UNDER 1 DAY Hours Minutes

6 DATE OF BIRTH (Month, Day, Year) March 9, 1901

7 BIRTHPLACE (City and State or Foreign Country) Chicago, Ill.

8 YEAR LAST SERVED IN U.S. ARMED FORCES?

9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number) Regency Place

9c. CITY, TOWN, OR LOCATION OF DEATH Dyer, Ind.

9d. COUNTY OF DEATH Lake

10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed

11 SURVIVING SPOUSE (If wife, give maiden name) none

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machinist

12b KIND OF BUSINESS/INDUSTRY U.S. Steel (Gary)

13a RESIDENCE—STATE Indiana

13b COUNTY Lake

13c CITY, TOWN, OR LOCATION Hammond

13d STREET AND NUMBER 3022 163rd. PL.

13e INSIDE CITY LIMITS? (Yes or no) yes

13f FARM no

13g ZIP CODE 46323

14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ No ☐ Yes Specify: no

15 RACE—American Indian, Black, White, etc. (Specify) white

16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5th Grade College (1-4 or 5 +)

PARENTS

17 FATHER'S NAME (First, Middle, Last) William Hill

18 MOTHER'S NAME (First, Middle, Maiden Surname) Lily Orr

INFORMANT

19a INFORMANT'S NAME (Type/Print) Louise Baker

19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3022 163rd. PL. Hammond, Ind. 46323

19c Relationship Daughter

DISPOSITION

20a METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 14, 1988 Chapel Lawn Memorial Gardens

20c. LOCATION—City or Town, State Schererville, Ind.

21a. SIGNATURE OF FUNERAL DIRECTOR John C. Ault

21b LICENSE NUMBER (of Licensee) FDE 1013507

22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FDH 3002801 7042 Kennedy Ave. Hammond, Ind. 46323

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a. To the best of my knowledge, death occurred at the time, date, and place stated.

Signature and Title

23b. LICENSE NUMBER

23c. DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. TIME OF DEATH M

25. DATE PRONOUNCED DEAD (Month, Day, Year)

26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)

CAUSE OF DEATH

SEE INSTRUCTIONS

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cancer of Lung

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b.

DUE TO (OR AS A CONSEQUENCE OF):

c.

DUE TO (OR AS A CONSEQUENCE OF):

d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. AUTOPSY (Yes or no) no

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

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

JUL 13 1988

[signature] LAKE COUNTY HEALTH COMMISSIONER

FILED MAY 14 1991

[signature] AUDITOR LAKE COUNTY

ROBERT ... RECORDER ... LAND MAY 21 '91

STATE OF INDIANA S.S. NO. ... FILED ... LAKE COUNTY ... MAY 21 '91

CERTIFIER

SEE INSTRUCTIONS

29a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☐ MEDICAL EXAMINER ☐ CORONER ☐ 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) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER [signature]

29c. LICENSE NUMBER 01026158

29d. DATE SIGNED (Month, Day, Year) 7-13-88

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Adela M. Perez M.D. 2156 Hart Dyer, Ind.

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE [signature]

32. DATE FILED (Month, Day, Year) 7-13-1988

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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)

6.00 E

36-263 Turner Meyn Pk Lt 6 Bl 16

James E McHie 53 Muirmall Ct Hm X 6320

SBH06-004 State Form 10110 Rev 10-87 DEATH 01101