

91051198

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT. I hereby certify that this copy is an exact reproduction of the certificate of death for the person named therein as it now appears in the permanent records of the FORT WAYNE-ALLEN COUNTY DEPARTMENT OF PUBLIC HEALTH, FORT WAYNE, INDIANA.

Jane M. Simons
Health Commissioner-Registrar

Janet A. Andrews
Registrar of Vital Records

NOT VALID UNLESS STAMPED WITH OFFICIAL RAISED SEAL

Date Issued: DEC

EMBALMER'S NAME: *John C. Ault* LICENSE No. 346
FUNERAL DIRECTOR'S SIGNATURE: *John C. Ault* FUNERAL HOME LICENSE No. *FD1013507* No. 209

Local No. 002735

MEDICAL CERTIFICATE OF DEATH

Alzheimer + Gray

State No.

DECEASED - NAME RICHARD SIMMONS		SEX Male	DATE OF BIRTH (MONTH DAY YEAR) 11/28/87
RACE - (See Instructions) White	AGE (Years Months Days) 74	DATE OF BIRTH (MONTH DAY YEAR) 3/29/13	COUNTY OF DEATH Allen
CITY, TOWN OR LOCATION OF DEATH Fort Wayne	HOSPITAL OR OTHER INSTITUTION VA MEDICAL CENTER	IF HOSP OR INST (See Instructions) Inpatient	
STATE OF BIRTH Ky	CITY OF BIRTH (See Instructions) USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes
SOCIAL SECURITY NUMBER 410-07-0544	USUAL OCCUPATION Security	KIND OF BUSINESS OR INDUSTRY	
RESIDENCE - STATE IN	COUNTY Lake	CITY, TOWN OR LOCATION Hammond	IS RESIDENCE ON A FARM? NO
STREET AND NUMBER 7042 Osborn Ave	IS RESIDENCE IN A CITY OR TOWN? YES		INSIDE CITY LIMITS Yes
FATHER - NAME INFORMATION NOT AVAILABLE		MOTHER - MARRIEN NAME INFORMATION NOT AVAILABLE	
INFORMANT - NAME VA MEDICAL CENTER	RELATIONSHIP	MAILING ADDRESS 1600 Randallia Drive Fort Wayne Indiana 46805	LOCATION Hammond IN
BURIAL, CREMATION, REMOVAL, OTHER Burial	CEMETERY OR CREMATORY - FUNERAL HOME Concordia	LOCATION Hammond, IN	
DATE (MONTH DAY YEAR) 12-1-87	FUNERAL HOME - NAME AND ADDRESS Bochen	STREET NUMBER NO. CITY OR TOWN STATE ZIP	
NAME OF ATTENDING PHYSICIAN S. GUO MD	DATE SIGNED 11/28/87	HOUR OF DEATH 1105	
MAILING ADDRESS - PHYSICIAN 1600 Randallia Drive, Fort Wayne, IN 46805	DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 4 1987		
IMMEDIATE CAUSE Pneumonia	INTERMEDIATE CAUSE (PERIODES OF 1 TO 7 1991) OCT 7 1991	DURATION OF ILLNESS 4 days	
PART I 101. DUE TO OR AS A CONTRIBUTOR IN	AUDITOR (NAME AND ADDRESS) <i>Arvid N. Antone</i> AUDITOR LAKE COUNTY		
PART II 102. DUE TO OR AS A CONTRIBUTOR IN	OTHER CAUSES AND COMMENTS (Explain conditions which contributed to death but do not record them as a part of the cause) Alzheimer's Disease, Cardiac arrhythmia		