

92009735

INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Feb. 13, 1992 *Granblum D. Remuda M.D.*  
Date Issued: Hammond Health Commissioner

Local No. .... 137 .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

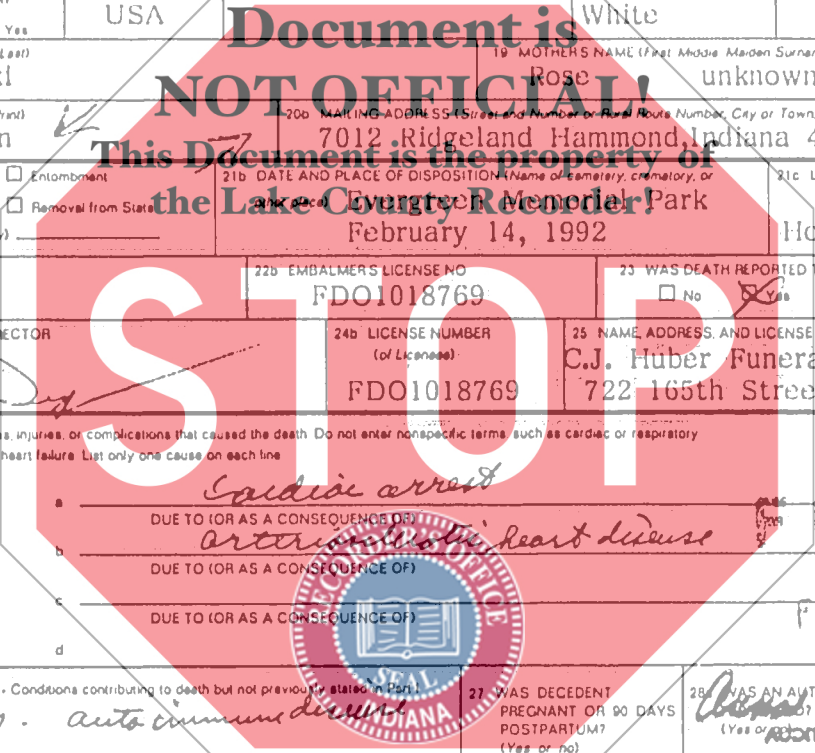
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) <b>Estelle B. Brumley</b>		2 SEX <b>female</b>	3a TIME OF DEATH <b>2:27 PM</b>	3b DATE OF DEATH (Month Day Yr) <b>February 11, 1992</b>
4 SOCIAL SECURITY NUMBER <b>314-20-2354</b>	5a AGE—Last Birthday (Years) <b>84</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>November 11, 1907</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Calumet City, Illinois</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a PLACE OF DEATH (Check only one—See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution give street and number) <b>7108 Northcote</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>		9d COUNTY OF DEATH <b>Lake</b>
10 MARITAL STATUS (Specify) <b>widowed</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>N/A</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		12b KWD OF BUSINESS/INDUSTRY <b>at home</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Hammond</b>	13d STREET AND NUMBER <b>7108 Northcote</b>	
13e ZIP CODE <b>46324</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
17 DECEASED'S EDUCATION (Specify only highest grade completed) <b>unknown</b>		18 FATHER'S NAME (First Middle Last) <b>Martin Orlowski</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Rose unknown</b>		20a INFORMANT'S NAME (Type/Print) <b>Eleanor Pomplin</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7012 Ridgeland Hammond, Indiana 46324</b>		20c Relationship <b>daughter</b>		
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) <b>Evangelical Memorial Park February 14, 1992</b>		21c LOCATION—City or Town, State <b>Hobart, Indiana</b>
22a EMBALMER'S NAME <b>Rod A. Ivy</b>		22b EMBALMER'S LICENSE NO. <b>FDO1018769</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>R.A. Ivy</i>		24b LICENSE NUMBER (of Licensee) <b>FDO1018769</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>C.J. Huber Funeral Home FDO102851 722 165th Street Hammond, Indiana 46324</b>
26 PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Cardiac arrest</b> <b>arteriosclerotic heart disease</b>				Approximate Interval Between Onset and Death <b>FILED</b>
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cardiac arrest</b>				Approximate Interval Between Onset and Death
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last <b>arteriosclerotic heart disease</b>				
DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>7 vertebrae hyp. auto-immune disease</b>				27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>
28a WAS AN AUTOPSY PERFORMED? <b>No</b>				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COUNTY OF DEATH? (Yes or no) <b>N/A</b>
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. <input type="checkbox"/> CORONER 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 <i>John Lanman</i>		29c MEDICAL LICENSE NO. <b>18203</b>		29d DATE SIGNED (Month, Day, Year) <b>Feb. 2/12/92</b>
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>John Lanman M.D. 716 Seberger Munster, Indiana 46321</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Granblum D. Remuda M.D.</i>				32 DATE FILED (Month, Day, Year) <b>February 13, 1992</b>
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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		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) <b>600</b>		34g DATE PRONOUNCED DEAD (Month, Day, Year)		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>00869</b>				



TAXES: 7012 Ridgeland Hammond  
 N. 38 ft. L. 26 BL. 5  
 287 S. 8 ft. L. 26 BL. 5  
 N. 38 ft. L. 27 S. 8 ft. L. 26 BL. 5  
 Homestead Yardens Add. N. 38 ft. L. 27 S. 8 ft. L. 26 BL. 5  
 34-340-27