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92039453

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

Local No. 393

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
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- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

FUNERAL HOME  
No. 28C

FUNERAL DIRECTOR'S  
LICENSE No. 2111

EMBALMER'S NAME  
Anthony Solan  
LICENSE No. 5124

FUNERAL DIRECTOR'S  
SIGNATURE  
Anthony Solan

TYPE OF PRINT  
PERMANENT  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED AT DEATH  
OR IN  
INSTITUTION OR  
RESIDENCE BEFORE  
ADMISSION

PARENTS

DISPOSITION

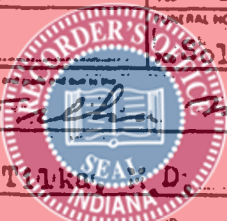
M.D.  
OR  
D.O.

CONDITIONS  
WHICH GAVE  
RISE TO  
SPECIFIC  
CAUSE &  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

DECEASED - NAME George E. Eaton		SEX Male	DATE OF DEATH June 1, 1984
RACE White	AGE - Last Birthday 60	UNDER 1 YEAR DATE	DATE OF BIRTH Jul. 25, 1903
CITY, TOWN OR LOCATION OF DEATH Hammond		HOSPITAL OR OTHER INSTITUTION 7536 Monroe Ave., Hammond, Ind.	
STATE OF BIRTH Illinois	COUNTRY OF BIRTH USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE Louise (Brunner)
SOCIAL SECURITY NUMBER 306-20-4302	USUAL OCCUPATION Yardmaster	INDUSTRY Monorail Road	WAS DECIDENT EVER IN U.S. ARMED FORCES? No
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond	IS RESIDENCE ON A FARM? No
STREET AND NUMBER 7536 Monroe Avenue		CITY, TOWN OR LOCATION Hammond, Ind.	
FATHER - NAME George Ambrose Eaton		MOTHER - MAIDEN NAME Mabel A. Garrison	
INFORMANT - NAME Louise Eaton - Wife		RELATIONSHIP Wife	
MANNER OF DEATH Burial		CEMETERY OR CREMATORY - FUNERAL HOME Fairlawn Cemetery, Decatur, Illinois	
DATE June 7, 1984		FUNERAL HOME - NAME AND ADDRESS Solan Funeral Home, 7106 Calumet Ave., Hammond, Ind.	
SIGNATURE OF ATTENDING PHYSICIAN Edward C. Talker, D.O.		DATE SIGNED June 4, 1984	
ADDRESS - PHYSICIAN 7134 Calumet Ave., Hammond, Ind. 46324		DATE RECEIVED BY LOCAL HEALTH OFFICER JUN 4 1984	
PART I CAUSE Arteriosclerosis		PART II OTHER SIGNIFICANT CONDITIONS	

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FILED

JUN 18 1992

Alex N. Anton  
AUDITOR LAKE COUNTY

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THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
DEC 02 1991

*Franklin D. Remuda, M.D.*

Date Issued

HAMMOND HEALTH COMMISSIONER

