

4092-1214

405

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No.

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

Local No. 92040180

TYPE OR PRINT
IN PERMANENT
INK FOR
INSTRUCTIONS
SEE HANDBOOK

DECEASED - NAME 1 RICHARD C. HENDERSON		SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 AUGUST 14, 1981
RACE - (See g. White, Black, American Indian, etc.) 4 WHITE	AGE - Last Birthday (Yrs) 5a 58	UNDER 1 YEAR MOB DATE HOURS AMB 6b	DATE OF BIRTH (Mo., Day, Yr.) 7 APRIL 25, 1923
CITY, TOWN OR LOCATION OF DEATH 7b EAST CHICAGO		HOSPITAL OR OTHER INSTITUTION - (Name if not on bill, give street and number) 7c ST. CATHERINE HOSPITAL	IF HOSP OR INST. include DOA or Ema (See instructions) 7d
STATE OF BIRTH (If not in U.S.A. give country) 8 ILLINOIS	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 NEVER	SURVIVING SPOUSE (If wife, give maiden name) 11
SOCIAL SECURITY NUMBER 13 345-16-3686		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a MAINTENANCE	KIND OF BUSINESS OR INDUSTRY 14b GRAVER TANK CO
RESIDENCE - STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c HAMMOND	IS RESIDENCE ON A FARM? 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 417-165th STREET		INSIDE CITY LIMITS (Specify Yes or No) 16b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18 DECEASED OF SPANISH DESCENT? (If YES specify MEXICAN, CUBAN, PORTUGUESE, etc.) 18a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 16 FRANKLIN HENDERSON		MOTHER - MAIDEN NAME 17 ANN KERR	
INFORMANT - NAME (Type or print) 18 MARGARET HENDERSON / Sister		MAILING ADDRESS 18b 417-165th ST.	CITY OR TOWN 18c HAMMOND, INDIANA
DISPOSITION 19a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME 19b CHAPEL LAWN CEMETERY	LOCATION 19c SCHERERVILLE, INDIANA
DATE (MONTH, DAY, YEAR) 20a AUGUST 17, 1981		FUNERAL HOME - NAME AND ADDRESS 20b BURNS-KISH FUNERAL HOMES, INC.	(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20c MUNSTER, INDIANA
CERTIFIER 21a Signature 21b NAME AND ADDRESS OF CERTIFIER (Type or print) 21c Albert T. Willardo, 2293 N. Main St., Crown Point, Indiana 46307		DATE SIGNED (Mo., Day, Yr.) 21d AUG. 14, 1981	HOUR OF DEATH 21e M
HEALTH OFFICER - SIGNATURE 22a C.A. Campagnaro		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 8-17-81	
PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) (a) Myocardial infarction (b) (c)		Interval between onset and death undetermined	
PART II 24 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a PENDING	DATE OF INJURY (Mo., Day, Yr.) 25b	HOUR OF INJURY 25c	DESCRIBE HOW INJURY OCCURRED 25d
INJURY AT WORK (Specify Type of Work) 25e		PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 25f	LOCATION 25g

Below for State Office Use

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Hyde Park add. S.H. Bick
6/19/92 Jy
4518
34-154-14
THOMAS J. BURNS

FUNERAL HOME No. 496
 FUNERAL DIRECTOR'S No. 2381
 LICENSE No. 4518
 FUNERAL DIRECTOR'S No. 2381
 SIGNATURE Frank J. Bick

Disposition/Permit Issued _____
 Provisional Certificate:
 Yes No

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FILED

JUN 19 1992 NORTHWEST INDIANA TITLE SERVICES, INC.
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 Lowell, Indiana 46355
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