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Return for State Office If

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

MAR 27 1984

HAMMOND HEALTH COMMISSIONER

34-154-14 Hyde Park add 8.14, Be. 2
6/19/92 JH

THOMAS J. BURNS

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE
Thomas J. Burns

FUNERAL DIRECTOR'S LICENSE NO. 2380

FUNERAL HOME NO. 281

92040181

Local No. 235

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 01043
DATE OF DEATH (MONTH DAY YEAR) MARCH 25 1984

1. DECEASED—NAME FIRST MIDDLE LAST LUCY K. HENDERSON		2. SEX FEMALE	3. DATE OF DEATH (MONTH DAY YEAR) MARCH 25 1984
4. RACE WHITE	5a. AGE—Last Birthday (Yrs) 72	5b. UNDER 1 YEAR MO. DATE	5c. UNDER 1 DAY HOURS MIN.
6. CITY, TOWN OR LOCATION OF DEATH HAMMOND		7a. HOSPITAL OR OTHER INSTITUTION—Name if not in other (give street and number) 417-165th STREET	7b. COUNTY OF DEATH LAKE
8. STATE OF BIRTH (if not in U.S.A.) ILLINOIS	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER	11. SURVIVING SPOUSE (if wife give maiden name)
12. SOCIAL SECURITY NUMBER 350-07-3227	13. RESIDENCE—STATE INDIANA	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if sporadic) ESTIMATOR	14b. KIND OF BUSINESS OR INDUSTRY LA SALLE STEEL CO.
15. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. INDIANA LAKE 417-165th STREET	16a. RESIDENCE—STATE INDIANA	16b. CITY, TOWN OR LOCATION HAMMOND	16c. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
17. IS DECEASED OF SPANISH DESCENT? - IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
18. FATHER—NAME FIRST MIDDLE LAST FRANK T. HENDERSON		17. MOTHER—MAIDEN NAME FIRST MIDDLE ANNA KERR	
19a. INFORMANT—NAME (Type or Print) MARGARET C. HENDERSON/Sister		19b. RELATIONSHIP Sister	19c. MAILING ADDRESS 417-165th ST. HAMMOND, INDIANA 46320
20a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		20b. CEMETERY OR CREMATORY—FUNERAL HOME CHAPEL LAWN CEMETERY	20c. LOCATION SCHERVILLE, INDIANA
21a. DATE (MONTH, DAY, YEAR) MARCH 28, 1984		21b. FUNERAL HOME—NAME AND ADDRESS BURNS-KISH FUNERAL HOMES, INC. HAMMOND, INDIANA	21c. (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP)
21d. NAME OF ATTENDING PHYSICIAN (Type or Print) JAMES L. MONES		21e. DATE SIGNED (Mo., Day, Yr.) 3/26/1984	21f. HOUR OF DEATH 9:15 P.M.
21g. MAILING ADDRESS—PHYSICIAN 5500 HOHMAN AVE. HAMMOND, INDIANA 46320		22. DATE RECEIVED BY LOCAL HEALTH OFFICER MAR 27 1984	
23. IMMEDIATE CAUSE PART I (a) Acute Myocardial Infarction DUE TO OR AS A CONSEQUENCE OF (b) Atherosclerotic Heart Disease DUE TO OR AS A CONSEQUENCE OF PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		24. JUNE 19 1992 AUDITOR LAKE COUNTY SOUTHWEST INDIANA TITLE SERVICES, INC. 162 Washington 755-0127 or 495-0127	

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

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