

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

Below for State Office Use

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FDE1012056

LICENSE No.

Keith A. Dillon

EMBALMER'S NAME

92041604

FUNERAL HOME  
No. FDH3007762

FUNERAL DIRECTOR'S  
LICENSE No. FDE1041740

FUNERAL DIRECTOR'S  
SIGNATURE  
*Melba J. Dillon*

Local No. 3510-87

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CAUSE

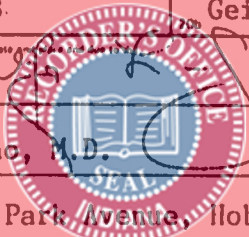
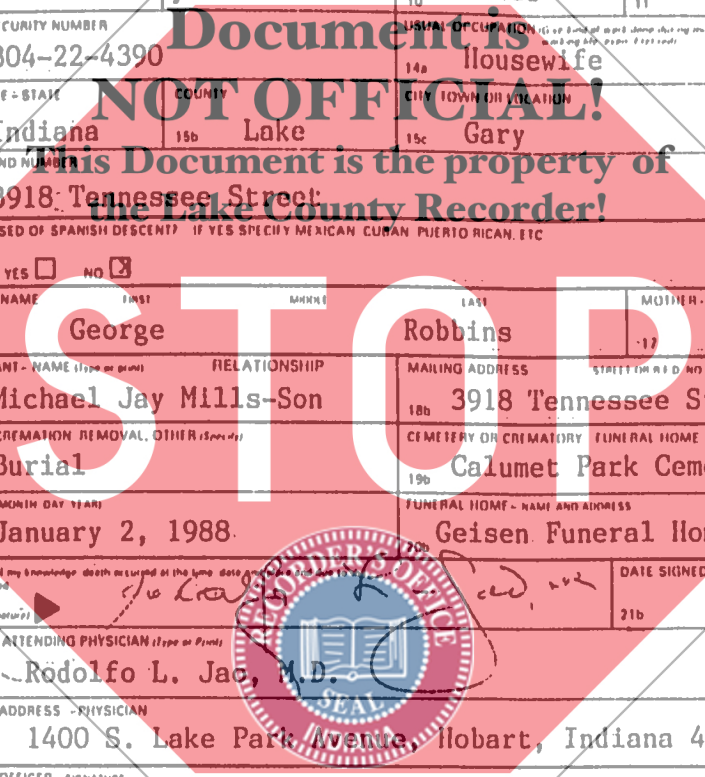
INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

DECEASED - NAME 1 Josephine V. Mills		SEX Female	DATE OF DEATH (MONTH DAY YEAR) December 29, 1988
RACE (See Who's Black American and the 113-page)	AGE Last Birthday (Year)	UNDER 1 YEAR MONTHS DAYS	COUNTY OF DEATH Lake
4 White	5a 69	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH DAY YEAR) Dec. 8, 1918
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION 7c Methodist Hospital Southlake Campus	
STATE OF BIRTH (If not in U.S.A. make country)		MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify date)	IF HOSP OR INST. (See page 171B of Form No. 1000-100-01)
8 Indiana		10 Widowed	14 Inpatient
SOCIAL SECURITY NUMBER 13 304-22-4390		USUAL OCCUPATION (If of foreign birth, state after my most of working life, specify 8-13-14)	WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify year or years)
RESIDENCE - STATE 13 Indiana		14a Housewife	17 No
RESIDENCE - COUNTY 13b Lake		14b At Home	
CITY, TOWN OR LOCATION 13c Gary		KIND OF BUSINESS OR INDUSTRY 14c	
STREET AND NUMBER 13d 3918 Tennessee Street		IS RESIDENCE ON A FARM? 15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		STATE CITY LIMITS (Specify year or years) 17 Yes	
FATHER - NAME (FIRST MIDDLE LAST) 16 George Robbins		MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) 17 Minnie Patterson	
INFORMANT - NAME (Type or print) 18a Michael Jay Mills - Son		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18b 3918 Tennessee Street, Gary, Indiana 46409	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY FUNERAL HOME LOCATION CITY OR TOWN STATE 19b Calumet Park Cemetery 19c Merrillville, Indiana	
DATE (MONTH DAY YEAR) 20a January 2, 1988		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, Ind. 46410	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Rodolfo L. Jao, M.D.		DATE SIGNED (Month Day Year) 21b 1-4-88	
MAILING ADDRESS - PHYSICIAN 21c 1400 S. Lake Park Avenue, Hobart, Indiana 46342		HOUR OF DEATH 21e JUN 23 1995 P M	
HEALTH OFFICER - SIGNATURE 22a <i>Rodolfo L. Jao</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JAN 4, 88	
IMMEDIATE CAUSE (PART I) 23 (a) Congestive Heart Failure, Pneumonia		Interval between onset and death	
(b) Left Cerebral Thrombosis		Interval between onset and death	
(c) Yellow Sclerema, Colon		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not listed as cause given in PART I) 24 - Chronic Obstructive Lung Disease		MULTIPLE (Specify year or year) 24 No	

*Fleming Keaty*

01540



STATE OF INDIANA  
FILED  
JUN 29 1988  
LAKE COUNTY CLERK  
REC'D  
JUN 23 1988

*Anna N. Untch*  
AUDITOR LAKE COUNTY