92042029

Local No. 304

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.

Date Issued: [illegible] — Hammond Health Commissioner: (signature)

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 Deceased—Name (First Middle Last)	DONALD L. BULLION
2 Sex	Male
3a Time of Death	2:50 Pm
3b Date of Death (Month Day Yr)	April 22, 1991
4 Social Security Number	311-32-9539
5a Age—Last Birthday (Years)	56
5b Under 1 Year (Months / Days)	
5c Under 1 Day (Hours / Minutes)	
6 Date of Birth (Mo Day Yr)	October 17,1934
7 Birthplace (City and State or Foreign Country)	Harvey, Illinois
8a Was Decedent a US Veteran?	Yes
8b Year Last Served in US Armed Forces?	1957
9a Place of Death (Check only one)	Hospital: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b Facility Name	St. Margaret Hospital
9c City, Town or Location of Death	Hammond
9d County of Death	Lake
10 Marital Status	Married
11 Surviving Spouse (If wife give maiden name)	Patricia Korman
12a Decedent's Usual Occupation	Pelletizer
12b Kind of Business/Industry	Soap - Lever Bros.
13a Residence—State	Indiana
13b County	Lake
13c City, Town or Location	Hammond
13d Street and Number	7530 McCook Avenue
13e Zip Code	46323
13f Inside City Limits	☐ No ☒ Yes
13g On a Farm?	☒ No ☐ Yes
14 Citizen of What Country	USA
15 Was Decedent of Hispanic Origin?	☒ No ☐ Yes
16 Race	White
17 Decedent's Education (Elementary/Secondary 0-12; College 1-4 or 5+)	12

PARENTS

Field	Entry
18 Father's Name	Hugh Bullion
19 Mother's Name (First Middle Maiden Surname)	Elna Lindstrom

INFORMANT

Field	Entry
20a Informant's Name	Patricia Bullion
20b Mailing Address	7530 McCook Ave., Hammond, IN 46323
20c Relationship	Wife

DISPOSITION

Field	Entry
21a Method of Disposition	☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other
21b Date and Place of Disposition	April 25, 1991 Oakland Memory Lanes
21c Location—City or Town, State	Dolton, Illinois
22a Embalmer's Name	Charles D. Scheuer Jr.
22b Embalmer's License No	1006049
23 Was Death Reported to Coroner?	☐ No ☒ Yes
24a Signature of Funeral Director	John V. Huber (signed)
24b License Number	1045362
25 Name, Address and License Number of Funeral Home	Virgil Huber Funeral Home 3002869, 7051 Kennedy, Hammond, IN 46323

CAUSE OF DEATH

26 PART I. Enter the diseases, 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.

Line	Cause	Approximate Interval Between Onset and Death
a (Immediate cause)	Atherosclerosis with stenosis of ostium of right	Unknown
b Due to (or as a consequence of)	coronary artery and old posterior wall infarct of	
c Due to (or as a consequence of)	left ventricle.	
d Due to (or as a consequence of)		

PART II Other significant conditions contributing to death but not previously stated in Part I:

Field	Entry
27 Was Decedent Pregnant or 90 Days Postpartum?	No
28a Was an Autopsy Performed?	Yes
28b Were Autopsy Findings Available Prior to Completion of Cause of Death?	Yes

FILED JUN 25 1992

Anna M. Antone — AUDITOR LAKE COUNTY

CERTIFIER

29a (Check only one): ☐ CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated. ☐ 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. ☒ 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.

Field	Entry
29b Signature and Title of Certifier	Daniel D. Thomas (signed)
29c Medical License No	16120
29d Date Signed	April 24, 1991
30 Name and Address of Person Who Completed Cause of Death	Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307

HEALTH OFFICER

Field	Entry
31 Health Officer's Signature	Franklin D. [illegible] M.D. (signed)
32 Date Filed	APR 24 1991

CORONER USE ONLY

Field	Entry
33 Manner of Death	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a Date of Injury	
34b Time of Injury	
34c Injury at Work?	
34d Describe How Injury Occurred	
34e Place of Injury	
34f Location	
34g Date Pronounced Dead	April 22, 1991
34h Motor Vehicle Accident?	

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#36-166-49 Suburban Pk. Add. N 1/2 Lt 44 S. 2.5' Lt 43

SBH06-004 State Form 10110 (R2/3-89)