

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

Below for State Office Use

KEY 15-147-6  
INDEPENDENCE  
HILL 3-1100

B LOT 91  
C  
D  
E  
F

THIS COPY IS THE  
COMPLETE COPY OF THE  
DEATH ON FILE WITH THE  
HEALTH DEPT.

MISSISSIPPI  
STATE

LAKE COUNTY HEALTH

1  
2  
3  
4

5  
6  
7  
8

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

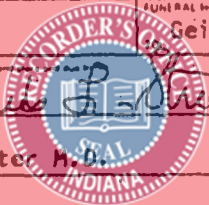
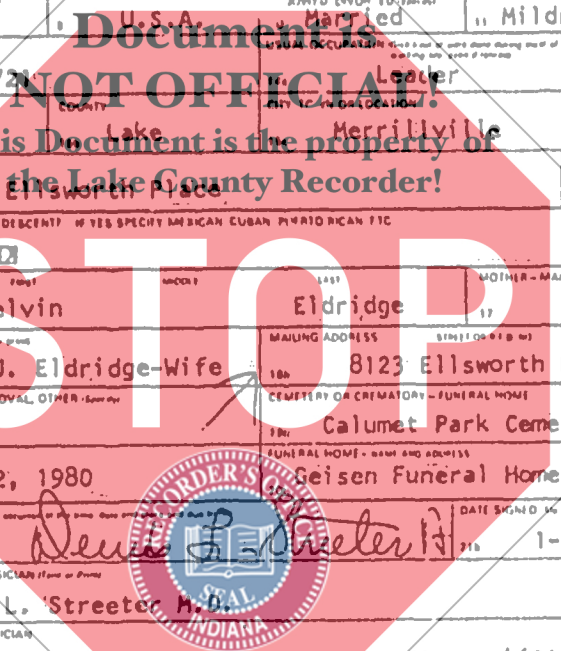
FUNERAL HOME  
No. 176  
FUNERAL DIRECTOR'S LICENSE No. 336  
Embalmer's Name Charles Taibert  
Funeral Director's Signature William C. Garrison

8cc + 3vet  
93009684  
Local No. 1855-79

# LAKE COUNTY BOARD OF HEALTH

## MEDICAL CERTIFICATE OF DEATH

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| DECEASED - NAME<br><b>Lloyd Eldridge</b>   |  | SEX<br><b>Male</b>   |  | DATE OF DEATH<br><b>December 31, 1979</b>   |  |
| RACE<br><b>White</b>   |  | AGE<br><b>59</b>   |  | DATE OF BIRTH<br><b>7-10-1920</b>   |  |
| CITY, TOWN OR LOCATION OF DEATH<br><b>Merrillville</b>   |  | HOSPITAL OR OTHER INSTITUTION<br><b>Broadway Methodist Hospital</b>  |  | PLACE OF DEATH<br><b>Inpatient</b>  |  |
| STATE OF BIRTH<br><b>Kentucky</b>  |  | COUNTRY OF BIRTH<br><b>U.S.A.</b>  |  | MARRIAGE STATUS<br><b>Married</b>   |  |
| SOCIAL SECURITY NUMBER<br><b>407-05-1721</b>   |  | SPOUSE'S NAME<br><b>Mildred Jane Sheranko</b>  |  | BUSINESS OR OCCUPATION<br><b>Modulus Corp.</b>  |  |
| RESIDENCE - STATE<br><b>Indiana</b>  |  | COUNTY<br><b>Lake</b>  |  | CITY<br><b>Merrillville</b>   |  |
| STREET AND NUMBER<br><b>8123 Ellsworth Place</b>   |  | IS RESIDENCE ON A FARM?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO             |  | INSIDE CEMENTS<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| FATHER - NAME<br><b>Melvin Eldridge</b>  |  | MOTHER - MAIDEN NAME<br><b>Hollie Markwell</b>   |  | INFORMANT - NAME<br><b>Mildred J. Eldridge-Wife</b>                                   |  |
| MARRIAGE ADDRESS<br><b>8123 Ellsworth Place</b>  |  | CITY OF TOWN<br><b>Merrillville, Indiana</b>   |  | STATE<br><b>46410</b>   |  |
| BURIAL CREMATION REMOVAL OTHER<br><b>Burial</b>  |  | CEMETERY OR CREMATORY - FUNERAL HOME<br><b>Calumet Park Cemetery</b>                                       |  | LOCATION<br><b>Merrillville, Indiana</b>  |  |
| DATE<br><b>January 2, 1980</b>   |  | FUNERAL HOME - NAME AND ADDRESS<br><b>Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, IN 46410</b> |  | DATE SIGNED<br><b>1-2-80</b>  |  |
| NAME OF ATTENDING PHYSICIAN<br><b>Dennis L. Streeter M.D.</b>  |  | MARLING ADDRESS - PHYSICIAN<br><b>1212 North Broad Griffith, Indiana 46319</b>                             |  | HOURS OF DEATH<br><b>3:38 A.M.</b>  |  |
| HEALTH OFFICER - SIGNATURE<br><b>Penelope H.P.</b>   |  | DATE RECORDED<br><b>Jan 3, 1980</b>  |  | AUDITOR LAKE COUNTY<br><b>Anna N. Antoshko</b>  |  |
| CAUSE<br>PART I<br>1a) <b>Cardio Respiratory Failure</b><br>DUE TO OR AS A CONSEQUENCE OF<br>1b) <b>Multiple Brain Infarctions</b><br>DUE TO OR AS A CONSEQUENCE OF<br>1c) <b>Atherosclerotic Vascular Disease</b> |  | DURATION OF ILLNESS<br><b>hour.</b>  |  | DURATION OF ILLNESS<br><b>Weeks.</b>  |  |
| PART II<br>OTHER SIGNIFICANT CONDITIONS  |  | CAUSE  |  | 2d) <b>No</b>   |  |



FILED

FEB 10 1980  
Jan 3, 1980

100