

INDIANA STATE BOARD OF HEALTH

COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

Local No. 102 93084790

Jul 20 1993 Date Issued Hammond Health Commissioner

5 156 ft of N 698 ft of W 440 ft of E 1930 ft of NW SE & N 1/2 SW T. 35 R. 9 1. 576 AC DECEASED PARENTS INFORMANT tax mailing address DISPOSITION PRONOUNCING PHYSICIAN ONLY ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH SEE INSTRUCTIONS CAUSE OF DEATH: SEE INSTRUCTIONS CERTIFIER HEALTH OFFICER: CORONER OR MEDICAL EXAMINER USE ONLY

Form with fields for DECEASED-NAME (LEO P CONLEY), SOCIAL SECURITY NUMBER (313-01-6018), AGE (79), DATE OF BIRTH (February 2, 1988), PLACE OF BIRTH (Chicago, Illinois), FACILITY NAME (2144 Superior Avenue), MARRIAGE STATUS (Married), SURVIVING SPOUSE (Catherine Franich), DECEASED'S USUAL OCCUPATION (Pumper), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN/LOCATION (Hammond), STREET AND NUMBER (2144 Superior Avenue), INSIDE CITY LIMITS (Yes), FARM (No), ZIP CODE (46394), FATHER'S NAME (Patrick Conley), MOTHER'S NAME (Della Byrnes), INFORMANT'S NAME (Mrs. Catherine Conley), ADDRESS (Whiting, Ind.), METHOD OF DISPOSITION (Entombment), DATE AND PLACE OF DISPOSITION (February 6, 1988, St. John Mausoleum), SIGNATURE OF FUNERAL DIRECTOR (Martin J. Baker), LICENSE NUMBER (235-119th St., Whiting, Ind.), TIME OF DEATH (10:49A), DATE PRONOUNCED DEAD (February 2, 1988), PART I (Chronic Obstructive Pulmonary Disease), PART II (Weight loss), CERTIFIER (B. Schmid, M.D.), LICENSE NUMBER (01030926), DATE SIGNED (February 4, 1988), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (B.D. Schmid, M.D., 7905 Calumet Avenue, Munster, Indiana 46321), HEALTH OFFICER'S SIGNATURE (J. G. ...), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, PLACE OF INJURY, LOCATION (600)



FILED