

Local No. 1064-88

94022204

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

3674 Tompkins St.
GARY 46408
Marie Hays

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST <i>Lloyd Hays</i>			2 SEX <i>Male</i>	3 DATE OF DEATH (Mo. Day Yr.) <i>May 14, 1988</i>
4 SOCIAL SECURITY NUMBER <i>312-10-9428</i>	5a AGE—Last Birthday (Years) <i>76</i>	5b UNDER 1 YEAR MONTHS DAYS	5c UNDER 1 DAY HOURS MINUTES	6 DATE OF BIRTH (Month Day Year) <i>May 4, 1912</i>
7 BIRTHPLACE (City and State or Foreign Country) <i>Metcalfe, Illinois</i>		8 YEAR LAST SERVED IN U.S. ARMED FORCES? <i>No</i>		
9a PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				

DECEDENT

9b FACILITY NAME (If not institution give street and number) <i>Broadway Methodist</i>	9c CITY TOWN OR LOCATION OF DEATH <i>Herrillville</i>	9d COUNTY OF DEATH <i>Lake</i>
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10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) <i>Married</i>	11 SURVIVING SPOUSE (If wife give maiden name) <i>Marie Ashley</i>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <i>Carpenter</i>	12b KIND OF BUSINESS/INDUSTRY <i>Construction</i>
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13a RESIDENCE—STATE <i>Indiana</i>	13b COUNTY <i>Lake</i>	13c CITY TOWN OR LOCATION <i>Crown Point</i>	13d STREET AND NUMBER <i>9327 Clay</i>
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13e INSIDE CITY LIMITS? (Yes or no) <i>Yes</i>	13f FARM <i>No</i>	13g ZIP CODE <i>46307</i>	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban Mexican Puerto Rican etc.) <i>No</i>	15 RACE—American Indian Black White, etc (Specify) <i>White</i>	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary, Secondary (10-12) College (1-4 or 5 +) <i>6</i>
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PARENTS

17 FATHER'S NAME (First Middle Last) <i>John Hays</i>	18 MOTHER'S NAME (First Middle Maiden Surname) <i>Marilyn Standfield</i>
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INFORMANT

19a INFORMANT'S NAME (Type/Print) <i>Marie Hays</i>	19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <i>9327 Clay Crown Point, Indiana 46307</i>	19c Relationship <i>Wife</i>
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DISPOSITION

20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <i>May 17, 1988 German Methodist Cemetery</i>	20c LOCATION—City or Town, State <i>Cedar Lake, Indiana</i>
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PRONOUNCING PHYSICIAN

21a SIGNATURE OF FUNERAL DIRECTOR <i>Fred Oberbe</i>	21b LICENSE NUMBER (of Licensee) <i>FDE1016076</i>	22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <i>Ellen Brady Funeral Home, Inc. Cedar Lake, Indiana EDH3000825</i>
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ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <i>A. M. Beckman M.D.</i>	23b. LICENSE NUMBER <i>AM 21432</i>	23c. DATE SIGNED (Month, Day, Year) <i>5/17/88</i>
24 TIME OF DEATH <i>M</i>	25 DATE PRONOUNCED DEAD (Month, Day, Year)	26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)

SEE INSTRUCTIONS

27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Asystolic infarction</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Coronary artery disease</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>Congestive heart failure</i> DUE TO (OR AS A CONSEQUENCE OF) d.	27b. APPROXIMATE INTERVAL BETWEEN CHEST AND DEATH <i>Immediate</i>
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CAUSE OF DEATH

27 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <i>Hypertension, diabetes mellitus</i>	28a. WAS AN AUTOPSY PERFORMED? <i>No</i>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <i>No</i>
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SEE INSTRUCTION

CERTIFIER

29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> 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) and manner as stated.	29b. SIGNATURE AND TITLE OF CERTIFIER <i>A. J. Beckman M.D.</i>	29c. LICENSE NUMBER <i>21432</i>	29d. DATE SIGNED (Month, Day, Year) <i>5-17-88</i>
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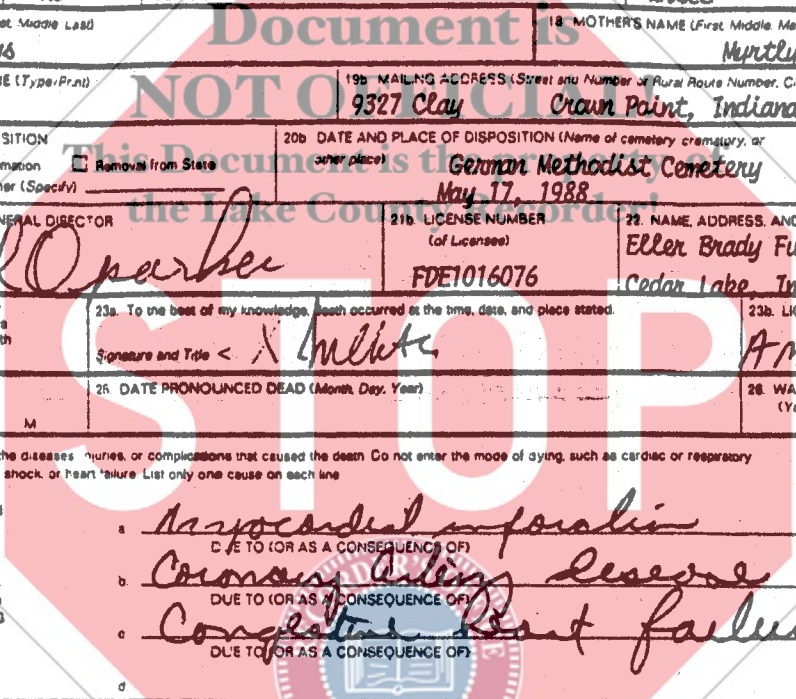
HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) <i>A. J. Beckman 12119 Smallwood Court West</i>	31. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>	32. DATE FILED (Month, Day, Year) <i>MAY 17, 88</i>
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CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED <i>MAR 24 1994</i>
34e. PLACE OF INJURY—At home farm street factory office building etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <i>Crown Point, Indiana</i>		

Ways # 15-204-13, Deep River Ave. S. 13 Bl. 1



FILED

David N. Patton
AUDITOR LAKE COUNTY

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