

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 253 94027772

CERTIFICATE OF DEATH

State Mar. 29, 1994 Date Issued Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

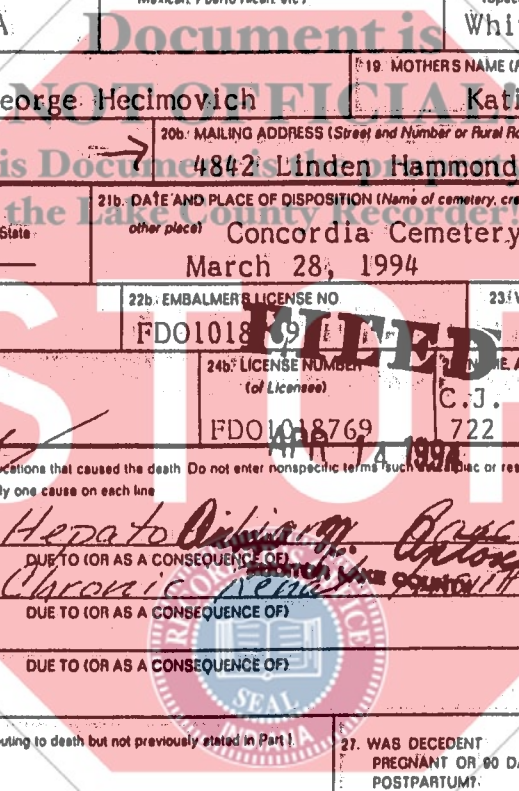
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for DECEASED-NAME (Mary Lamberson), SEX (Female), TIME OF DEATH (2:00 P), DATE OF BIRTH (April 20, 1921), SOCIAL SECURITY NUMBER (327-16-6707), AGE (72), PLACE OF BIRTH (Chicago, Ill.), FACILITY NAME (4842 Linden), CITY/TOWN (Hammond), COUNTY (Lake), MARRIAGE STATUS (Married), SURVIVING SPOUSE (William Lamberson), RESIDENCE (Indiana, Lake, Hammond), ZIP CODE (46327), FATHER'S NAME (George Hecimovich), MOTHER'S NAME (Katie Kauzlarich), INFORMANT (William Lamberson), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (March 28, 1994, Concordia Cemetery), EMBALMER'S NAME (Rod A. Ivy), SIGNATURE OF FUNERAL DIRECTOR (Rod A. Ivy), LICENSE NUMBER (FD01018), FUNERAL HOME (C.J. Huber Funeral Home), IMMEDIATE CAUSE (Hepato Carcinoma, Chronic renal insufficiency), PART II (Other significant conditions), CERTIFIER (Franklin J. Remuda, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY, PLACE OF INJURY, DATE PRONOUNCED DEAD.

#36-130-26



STATE OF INDIANA HEALTH DEPARTMENT FILED MAR 29 1994 HAMMOND HEALTH DEPARTMENT

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