

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.

Local No. 900

21 24 1990 Date Issued  
Frank R. Remuda, M.D. Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED - NAME (If not Male Last)		2 SEX		3a TIME OF DEATH		3b DATE OF DEATH (Month Day Yr)	
Rita J. White		Female		9:20 P.M.		October 23, 1990	
4 SOCIAL SECURITY NUMBER		5a AGE Last Birthday (Year)		5b BIRTH YEAR (Month Day)		6 DATE OF BIRTH (Mo Day Yr)	
307-46-2678		45		March Day		June 16, 1945	
7 BIRTHPLACE (City and State or Foreign Country)		8a YEAR LAST SERVED BY U.S. ARMY (If None)		8b PLACE OF BIRTH (Check only one - See instructions)		9	
Butler, Tenn.		none		HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA		OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
10 MARRITAL STATUS (Specify)				11 SURVIVING SPOUSE (If wife, give maiden name)		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	
Married				Ralph J. White		Security Guard	
13a RESIDENCE - STATE		13b COUNTY		13c CITY TOWN OR LOCATION		13d STREET AND NUMBER	
Indiana		Lake		Hammond		7546 Chestnut Ave.	
13e ZIP CODE		14 CITIZENSHIP (Specify)		15 WAS DECEASED OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE - American Indian, Black, White, etc. (Specify)	
46324		U.S.A.		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		White	
17 DECEASED'S EDUCATION (Specify only highest grade completed)		18 FATHER'S NAME (If not Middle Maiden Surname)		19 MOTHER'S NAME (If not Middle Maiden Surname)		20 DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	
Elementary/Secondary (0-12) College (1-4 or 5+)		Richard Hatcher		Gladys Arnold		Security Guard	
21 DECEASED'S EDUCATION (Specify only highest grade completed)		22a FATHER'S NAME (If not Middle Maiden Surname)		22b MOTHER'S NAME (If not Middle Maiden Surname)		23 DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	
12		Richard Hatcher		Gladys Arnold		Security Guard	
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STOP

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FILED JUN 5 1995 SAM ORFELIGH ALPHEUS LAKES COUNTY

# 36-329-33

STATE OF INDIANA  
LAKE COUNTY  
REC'D  
JUN 5 1995 2:31 PM  
REC'D

26 Cause of Death: Enter the disease, injury or complication that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (If a disease or condition resulting in death)

widely metastatic carcinoma of the lung

27 Conditions (if any) which gave rise to the immediate cause stating the underlying cause last

28 Part II: Other significant conditions (conditions contributing to death but not previously stated in Part I)

29 WAS DECEASED PREGNANT OR POSTPARTUM? (Yes or no) no

30 28a WERE AN AUTOPSY PERFORMED? (Yes or no) no

31 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) no

32 29a CERTIFIER (Check only one)

XX CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated

33 29b SIGNATURE AND TITLE OF CERTIFIER

34 29c MEDICAL LICENSE NO. 01036259

35 29d DATE SIGNED (Month Day Year) 10/24/90

36 30 NAME AND ADDRESS OF PHYSICIAN WHO COMPLETED CAUSE OF DEATH (Item 26) (Type Print)

37 J. Gleaton, M.D. 7905 Calumet Avenue Munster, IN 46321

38 31 HEALTH OFFICER'S SIGNATURE

39 Frank R. Remuda, M.D.

40 32 DATE FILED (Month Day Year) OCTOBER 24, 1990

41 33 MANNER OF DEATH

42 34a DATE OF INJURY (Month Day Year)

43 34b TIME OF INJURY

44 34c INJURY AT WORK? (Yes or no)

45