

LAKE COUNTY BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

Local No. **814-79**

State No. **June 2, 1979**

THIS IS A
**PERMANENT
RECORD.**
For State Office Use

FUNERAL HOME
No. **770**

LICENSE No. **5170**

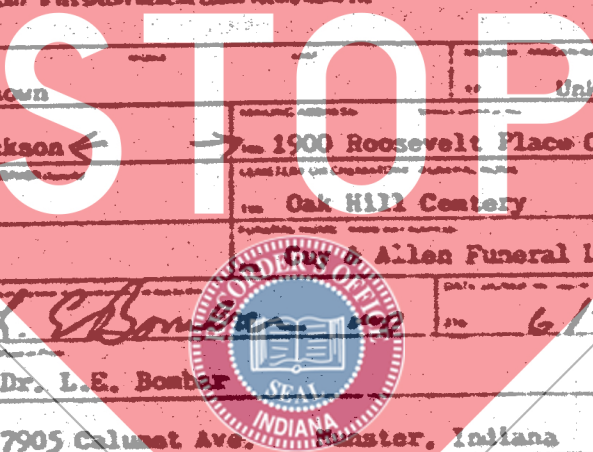
FUNERAL DIRECTORS
LICENSE No. **270**

EMBALMER
FUNERAL DIRECTOR
SIGNATURE

Allen
Robert Allen
Allen

DECLASED NAME Isaac Jackson		SEX Male		DATE OF BIRTH June 2, 1979	
RACE Black		MARRIAGE 75		DATE OF DEATH 9/12/1903	
CITY OF DEATH Munster		HOSPITAL OR OTHER INSTITUTION Munster Med-Ten		PLACE OF DEATH Inpatient	
DECEASED Miss.		MARRIAGE U.S.A. Document is		SPOUSE Roberta Jackson	
MEDICAL RECORD NUMBER 311-05-4911		USUAL OCCUPATION Retired		EMPLOYER U.S. Steel Corp.	
RESIDENCE - STATE Indiana		CITY OF RESIDENCE 1900 Roosevelt Place		STREET AND NUMBER	
FATHER - NAME Unknown		MOTHER - NAME Unknown		MARRIAGE	
DECEASED Roberta Jackson		RESIDENCE - STATE Indiana		CITY OF RESIDENCE 1900 Roosevelt Place Gary, Indiana	
DISPOSITION Burial		PLACE OF BURIAL Oak Hill Centery		CITY OF BURIAL Cary, Indiana	
DATE OF BURIAL 6/6/79		FUNERAL HOME Gay & Allen Funeral Directors 2959 E. 11th Ave. Cary, Ind.		DATE OF FUNERAL 6/13/79	
SIGNATURE OF PHYSICIAN <i>Dr. L.E. Bombar</i>		TITLE Dr. L.E. Bombar		DATE 6/13/79	
ADDRESS 7905 Calumet Ave. Munster, Indiana		SIGNATURE OF FUNERAL DIRECTOR <i>Paul J. ...</i>		TITLE Funeral Director	
CAUSE OF DEATH Hypostatic Pneumonia		MANNER OF DEATH Cerebral Vascular Accident - Rt Hemiplegia		ICD-9 CODE 690.302	
SIGNATURE OF FUNERAL DIRECTOR <i>Sam Orlich</i>		TITLE Funeral Director		DATE SEP 06 1995	

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!



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1-3-95 SEP 6 7 12:51

FILED

SEP 06 1995

SAM ORLICH
AUDITOR LAKE COUNTY

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THIS CERTIFIES THAT ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

AUG 25

PROFESSIONAL
CERTIFICATE
No. No