

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

5 Reg
 2 vet
 7 total

Local No. 2297-95

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

1. DECEASED—NAME (First Middle Last) RUSH BUCKLEY				2. SEX Male	3a. TIME OF DEATH 5:55PM	3b. DATE OF DEATH (Month Day Yr) October 7, 1995
4. SOCIAL SECURITY NUMBER 306-03-1036		5a. AGE - Last Birthday (Years) 83	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) Jan 18, 1912	
7a. WAS DECEDENT A U.S. VETERAN? NO YES		7b. YEAR LAST SERVED IN U.S. ARMED FORCES 1945		7c. PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
8a. FACILITY NAME (If not institution, give street and number) ST. MARY MEDICAL CENTER				8b. CITY TOWN OR LOCATION OF DEATH Hobart		8c. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) SYLVIA ELDRIDGE		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) CRANEMAN		12b. KIND OF BUSINESS INDUSTRY STEEL
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Lake Station		13d. STREET AND NUMBER 2916 BENTON STREET
13e. ZIP CODE 46405	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc)		16. RACE - American Indian, Black, White, etc. (Specify) WHITE	17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (13 or 14)
18. FATHER'S NAME (First, Middle, Last) WALTER BUCKLEY				19. MOTHER'S NAME (First, Middle, Maiden Surname) PEARL McGEE		
20a. INFORMANT'S NAME (Type/Print) SYLVIA BUCKLEY			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2916 BENTON STREET, Lake Station, IN 46405		20c. Relationship Wife	
21a. 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) _____			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Oct 10, 1995 WESTON CEMETERY		21c. LOCATION - City or Town State Rensselaer, IN	
22a. EMBALMER'S NAME JAMES J. KRAUSE			22b. EMBALMER'S LICENSE NO FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>			24b. LICENSE NUMBER (of Licensee) FDO1006463		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342	
26. PART I. Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cerebrovascular Accident						APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH 4.8
IMMEDIATE CAUSE (Final disease or condition resulting in death) A. Cerebrovascular Accident DUE TO (OR AS A CONSEQUENCE OF)						STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 98 FEB 27 P MASON RECORDS
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last b. _____ DUE TO (OR AS A CONSEQUENCE OF)						
c. _____ DUE TO (OR AS A CONSEQUENCE OF)						
d. _____ DUE TO (OR AS A CONSEQUENCE OF)						
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. FEB 27 1996 SAM GRILICH AUDITOR LAKE COUNTY						27. WAS DECEDENT PRESENT OR 90 DAYS ABSENT FROM HOME? No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No						28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <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) as stated. <input type="checkbox"/> CORONER 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>Milton S. Gasparis</i>			29c. MEDICAL LICENSE NO 01037515
29d. DATE SIGNED (Month Day Year) 10-9-95						
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MILTON GASPARIS MD, 1400 S. LAKE PARK AVE., SUITE 301, HOBART, IN 46342						
31. HEALTH OFFICER'S SIGNATURE <i>Alvanard A. Williams MD</i>					32. DATE FILED (Month Day Year) Oct. 10, 1995	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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	
		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)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc			

Lloyd's Dept. Rec'd
 Oct 3 1995
 Key # 2297-95

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