

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
JUN - 7 1982
Franklin S. Gernalis

HAMMOND HEALTH COMMISSIONER

Date Issued

Disposition Permit Issued / /

Provisional Certificate
 Yes No

John C. Ault

EMBALMER'S NAME

LICENSE No. 1350

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 1725

FUNERAL HOME No. 280

Key # 33-129-41

Local No. 464

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE BEARING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME 1 Donald H. Ladd			SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 June 4, 1982
RACE—(a) White, Black, American Indian, etc. (Specify) 4 White	AGE—Last birthday (Year) 5a 54	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Mo., Day, Yr.) 6 12/2/1927
CITY, TOWN OR LOCATION OF DEATH 7b Hammond			HOSPITAL OR OTHER INSTITUTION—(Name if not in either, give street and number) 7c Residence	IF HOSP. OR INST. Indicate BOA, OP/Smer. Res., Inpatient (Specify) 7d
STATE OF BIRTH (If not in U.S.A. name country) 8 Kentucky	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 married	SURVIVING SPOUSE (If wife, give maiden name) 11 Anna Kilgore	WAS DECEASED IN U.S. ARMED FORCES? (Specify Yes or No) 12
SOCIAL SECURITY NUMBER 13 401-36-7869	USUAL OCCUPATION (If not doing during most of working life, specify) 14a Supervisor	KIND OF BUSINESS OR INDUSTRY 14b LaSalle Steel Corp.		
RESIDENCE—STATE 16a Indiana	COUNTY 16b Lake	CITY, TOWN OR LOCATION 16c Hammond	IS RESIDENCE ON A FARM? 16e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS? (Specify YES OR NO) 16f yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16 Tilford A. Ladd		MOTHER—MAIDEN NAME 17 Iva L. French		
INFORMANT—NAME (Type or print) 18a Mrs. Anna Ladd-Wife	MAILING ADDRESS 18b 6838 Ridgeland	STREET OR R.F.D. NO. 18c Hammond, Indiana	CITY OR TOWN 18d Indiana	STATE 18e 46324
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b Chapel Lawn Mem. Gardens	LOCATION 19c Schererville, Indiana		
DATE (MONTH, DAY, YEAR) 20a June 8, 1982	FUNERAL HOME—NAME AND ADDRESS 20b Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Indiana	FILER'S NAME AND ADDRESS 20c 401156		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a (Signature) Murray Stasick		DATE SIGNED 21b MAR 22 1996	HOUR OF DEATH 21c 10:03	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Murray Stasick M.D.		M.D. OR D.O.		
MAILING ADDRESS—PHYSICIAN 21e 7330 Indianapolis Hammond, Indiana		HEALTH OFFICER—SIGN 22a SAM ORLICH		
HEALTH OFFICER—SIGN 22a Franklin S. Gernalis		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JUN - 7 1982		
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER PART I (a) AND (b)) 23		Interval between onset and death		
PART I (a) Respiratory Failure	DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART I (b) Carcinoma of Lung (Bronchogenic)	DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) and (b) 24 Pneumonia, Pericardial Effusion		AUTOPSY (Specify Yes or No) 24		

Document NOT OFFICIAL
This document is the property of the Lake County Recorder!
STATE OF INDIANA
LAKE COUNTY
FILED OFFICE REC'D
MAY 22 1982
10:03
RECORDER

CS
900 MS