

Key #10-49-177 Unit #11

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. **59**

FUNERAL HOME No. **285**

FUNERAL DIRECTOR'S LICENSE No. **680**

LICENSE No. **4357**

EMBALMER'S NAME **Joseph C. Lauer**

FUNERAL DIRECTOR'S SIGNATURE *Joseph C. Lauer*

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.

Delores Broomhead
HAMMOND HEALTH COMMISSIONER

JAN 28 1986

Date issued

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

| | | | | |
|--|---|--|---|--|
| DECEASED—NAME James D. Broomhead | | | SEX Male | DATE OF DEATH (Month, Day, Year) Jan. 23, 1986 |
| RACE White | AGE—Last Birthday (Yrs.) 52 | UNDER 1 YEAR MO. DAY | UNDER 1 DAY HOURS MINS | DATE OF BIRTH (Mo, Day, Yr.) 1/31/33 |
| CITY, TOWN OR LOCATION OF DEATH Hammond | | HOSPITAL OR OTHER INSTITUTION—Name (If not in either give street and number) St. Margaret's Hospital | | IF HOSP OR INST Indicate DOA, OP, Emer Rm., Inpatient (Specify) Inpatient |
| STATE OF BIRTH (If not in U.S.A. State or Country) Illinois | CITIZEN OF WHAT COUNTRY USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | SURVIVING SPOUSE (If wife give maiden name) Delores Brady | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr or M) Korea |
| SOCIAL SECURITY NUMBER 346-26-7873 | USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Machinist | KIND OF BUSINESS OR INDUSTRY Ford Motor | | |
| USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION | RESIDENCE—STATE Illinois | COUNTY Cook | CITY, TOWN OR LOCATION Chicago Heights | IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| STREET AND NUMBER 3731-188th St. Rural Rte Box 267 | INSIDE CITY LIMITS (Specify Yr or M) 68029 | | 16f | |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | |
| FATHER—NAME Joseph Broomhead | | MOTHER—MAIDEN NAME Lillian Drunecke | | |
| INFORMANT—NAME (Type or print) Delores Broomhead | RELATIONSHIP Wife | MAILING ADDRESS (Street or P.O. No.) 3731-188th St Pl. R.R. Box 267 Chicago Hgts., Ill | CITY OR TOWN Chicago Hgts., Ill | STATE Ill |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) January 27, 1986 Burial | | CEMETERY OR CREMATORY—FUNERAL HOME Chapel Lawn Mem. Gardens, Schererville, Indiana | | |
| DATE (Month, Day, Year) Jan. 27, 1986 | | FUNERAL HOME—NAME AND ADDRESS (Street or P.O. No., City or Town, State, Zip) C.J. Huber 722-165th St. Hammond, Indiana 46321 | | |
| 21a Signature <i>Joseph C. Lauer</i> | | DATE SIGNED (Mo, Day, Yr.) MAY 3 1986 | HOUR OF DEATH 3 PM 2:11 | |
| 21b NAME OF ATTENDING PHYSICIAN (If not at home) Sam Orlich | | 21c | | |
| 21d MAILING ADDRESS—PHYSICIAN | | 21e | | |
| 21f OFFICER—Name (Type or print) Sam Orlich | | DATE RECEIVED BY LOCAL HEALTH OFFICER JAN 28 1986 | | |
| 22 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE) Respiratory Arrest | | Interval between onset and death | | |
| PART 1 (a) DUE TO OR AS A CONSEQUENCE OF metastatic Lung carcinoma | | Interval between onset and death | | |
| (c) | | Interval between onset and death | | |
| PART 2 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a) | | AUTOPSY (Specify Yr or M) No | | |

SBH 08-003 State Form 35430 REV. 10/77

Delores Broomhead 3731-188th Pl. Lansing Ill 60438 *ps* *9/25*

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96029

STATE OF INDIANA
COUNTY RECORD
FILED
RECORDED
MAY 3 1986