

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

Below for State Office Use

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- E \_\_\_\_\_
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- 12 \_\_\_\_\_

EMBALMER'S NAME Edgar Klein

FUNERAL DIRECTOR'S SIGNATURE [Signature]

LICENSE No. 1517

FUNERAL HOME No. 750  
FUNERAL DIRECTOR'S LICENSE No. 24

Local No. 2303-86

DECEASED

USUAL INSTRUCTIONS WHEN DECEASED LIVED IN INSTITUTION OR INSTRUCTIONS BEFORE ADMISSION

PARENTS

DISPOSITION

MD OR DO

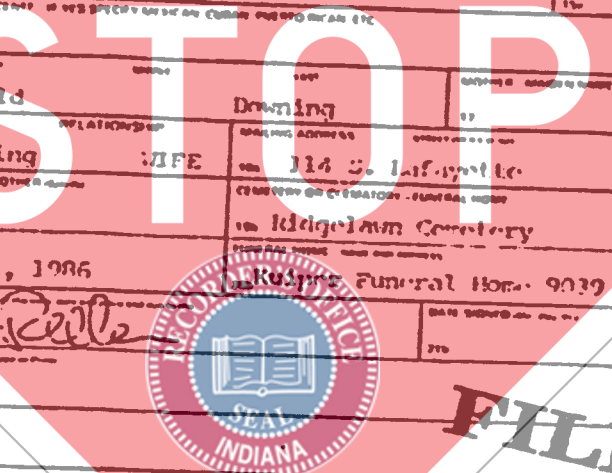
CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

DECEASED NAME <u>Clyde O. Downing</u>		SEX <u>Male</u>		DATE OF BIRTH <u>July 31, 1921</u>	
RACE <u>White</u>	AGE <u>65</u>	EDUCATION <u>High School</u>	DATE OF DEATH <u>Aug 2, 1986</u>	COUNTY OF DEATH <u>Lake</u>	
CITY, TOWN OR LOCATION OF DEATH <u>Munster</u>		HOSPITAL OR OTHER INSTITUTION <u>Community Hospital</u>		IF DEEP OR RUST MEMBER OF THE U.S. ARMY'S FORCES? <u>Inpatient</u>	
STATE OF BIRTH <u>Indiana</u>		MARRIAGE STATUS <u>Married</u>		NAME OF BUSINESS OR INDUSTRY <u>Chemical Co.</u>	
SOCIAL SECURITY NUMBER <u>[Redacted]</u>		OCCUPATION <u>Supervisor</u>		STREET AND NUMBER <u>114 S. Lafayette</u>	
CITY OF BIRTH <u>Lake</u>		CITY OF DEATH <u>Griffith</u>		IS DECEASED OF SPANISH ORIGIN? <u>No</u>	
FATHER'S NAME <u>Harold Downing</u>		MOTHER'S NAME <u>Birda Dermon</u>		MARRIAGE ADDRESS <u>114 S. Lafayette, Griffith, Indiana</u>	
MARRIAGE ADDRESS <u>114 S. Lafayette</u>		CITY OF BIRTH <u>Griffith, Indiana</u>		CITY OF DEATH <u>Gary, Indiana</u>	
DISPOSITION <u>Burial</u>		PLACE OF BURIAL <u>Kidgelmans Cemetery</u>		DATE OF BURIAL <u>August 4, 1986</u>	
NAME OF ATTENDING PHYSICIAN <u>[Signature]</u>		ADDRESS OF PHYSICIAN <u>Respite Funeral Home, 9039 Kleinman Rd., Highland, Indiana</u>		HOURS OF DEATH <u>3:00</u>	
CAUSE <u>Respiratory failure</u>		DATE OF DEATH <u>OCT 3 1986</u>		SIGNATURE OF HEALTH OFFICER <u>[Signature]</u>	
CAUSE <u>Local perforation</u>		DATE OF DEATH <u>OCT 6 1986</u>		SIGNATURE OF HEALTH OFFICER <u>[Signature]</u>	
CAUSE <u>lung cancer, chemo therapy</u>		DATE OF DEATH <u>[Signature]</u>		SIGNATURE OF HEALTH OFFICER <u>[Signature]</u>	

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FILED

SAM ORLICH  
AUDITOR LAKE COUNTY

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STATE OF INDIANA  
LAKE COUNTY