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Office Use

Dr. John ... - 4619 Melton Rd., 930-5022 5 cc

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State  
No.

12010

Local No.

86 0853

FUNERAL HOME

No. 242

LICENSE No. 4596

FUNERAL DIRECTOR'S  
LICENSE No. 615

EMBALMER'S NAME James E. Parris

FUNERAL DIRECTOR'S  
SIGNATURE James E. Parris

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  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

DECEASED NAME <b>ROBERT SIMUEL MOSS</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>December 25, 1986</b>
RACE - to g. White, Black, American Indian, etc. (Specify) <b>Blk. American</b>	AGE - Legal Birthdays (Mo/Day) <b>86</b>	DATE OF BIRTH (Mo/Day/Year) <b>Jan. 2, 1900</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Gary</b>	HOSPITAL OR OTHER INSTITUTION (Name if not in other part of cert. give street and number) <b>Methodist Hosp., Northlake Campus</b>		WOSP OR INST. (Name and address) (Specify) <b>In Patient</b>
STATE OF BIRTH (If not in U.S. & Poss. Countries) <b>Mississippi</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (If wife give maiden name) <b>Mattie M. Johnson</b>
SOCIAL SECURITY NUMBER <b>425-14-3114</b>	USUAL OCCUPATION (Give kind of work done during most of working life. Specify if seasonal) <b>Foundry Worker</b>	KIND OF BUSINESS OR INDUSTRY <b>None</b>	
RESIDENCE - STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Gary</b>	IS DECEASED ON A FARM? <b>NO</b>
STREET AND NUMBER <b>2166 Rhode Island Street</b>	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>NO</b>		INSIDE CITY LIMITS (Specify City and State) <b>Yes</b>
FATHER - NAME (FIRST MIDDLE LAST) <b>BOB MOSS</b>	MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) <b>MAGGIE</b>		
INFORMANT - NAME (If you or grand) <b>Mattie M. Moss, Wife</b>	RELATIONSHIP <b>Wife</b>	MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) <b>2166 Rhode Island St., Gary, IN 46407</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	CEMETERY OR CREMATORY - FUNERAL HOME <b>Evergreen Mem. Park</b>	LOCATION (CITY OR TOWN STATE) <b>Hobart, Indiana</b>	
DATE (MONTH DAY YEAR) <b>December 31, 1986</b>	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) <b>Kaufman Funeral Home, Inc., 4201 Broadway, Gary 46409</b>		
NAME OF ATTENDING PHYSICIAN (If you or Print) <b>JOHN N WANNUNU</b>	DATE SIGNED (Mo/Day/Year) <b>1986</b>	HOURS OF DEATH (Specify) <b>11:14</b>	
MAILING ADDRESS - PHYSICIAN <b>4619 E. Melton Rd Gary, IN 46409</b>			
HEALTH OFFICER (Signature) <b>James I. Hedrick</b>	DATE RECEIVED BY LOCAL HEALTH OFFICER <b>JAN 5 1987</b>		
PART I (IMMEDIATE CAUSE) 1. <b>Cardio pulmonary arrest</b>			
PART II (OTHER CONTRIBUTING CAUSES) 2. <b>Severe hypernatremic dehydration</b>			
3. <b>Left lower lobe pneumonia</b>			

SBH 06-003 State Form 35430  
REV. 10/77

Ironwood Unit A lot 23 + 1/2 of lot 22 Block 10

unit #25

Key #45-91-238

902  
905

FILED  
STATE OF INDIANA  
LAKE COUNTY  
RECORDS  
AUDITOR LAKE COUNTY