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EMBALMER'S NAME James I. Krause

FUNERAL DIRECTOR'S SIGNATURE *Ronald B. ...*

LICENSE No. 646

FUNERAL DIRECTOR'S LICENSE No. 2012

FUNERAL HOME No. 306

97034990

Local No. 1691-84

FILED

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 85A

DECEASED - NAME JAMES P. MOORE		SEX Male	DATE OF DEATH MONTH DAY YEAR September 8, 1984
RACE - White	AGE - 82	DATE OF BIRTH MONTH DAY YEAR April 18, 1902	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Merrillville		HOSPITAL OR OTHER INSTITUTION Methodist Hospital Southlake Campus	IF HOSP OR INST INPATIENT OR OUTPATIENT Inpatient
STATE OF BIRTH IN	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED Married	SURVIVING SPOUSE Lula Francis
SOCIAL SECURITY NUMBER 306-09-5521	USUAL OCCUPATION Supervisor - Construction &	END OF BUSINESS OR INDUSTRY U.S. Steel Corporation	WAS DECEASED EVER IN U.S. ARMED FORCES? YES
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	RESIDENCE - STATE IN	RESIDENCE - COUNTY Lake	RESIDENCE - CITY, TOWN OR LOCATION Hobart
STREET AND NUMBER 212 Fraser Lane	IS DECEASED ON A FARM? NO	INSIDE CITY LIMITS YES	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC NO			
FATHER - NAME John Moore, (dec.)		MOTHER - MARDEN NAME Hettie Bowsher, (dec.)	
INFORMANT - NAME & RELATIONSHIP Lula F. Moore, Wife		MARRIAGE ADDRESS 212 Fraser Lane, Hobart, Indiana 46342	
DISPOSITION Burial		CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery	
DATE September 11, 1984		FUNERAL HOME - NAME AND ADDRESS Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN	
NAME OF ATTENDING PHYSICIAN E.T. Pappas, M.D.		DATE SIGNED 9-11-84	HOUR OF DEATH 46342-4198 7:30 a. M
MAILING ADDRESS - PHYSICIAN 6111 Harrison, Merrillville, Indiana 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER 9-11-84	
HEALTH OFFICER - SIGNATURE <i>Richard Johnson</i>			
CAUSE OF DEATH Carcinoma of stomach.			
CONDITIONS CONTRIBUTING TO DEATH (Do not include conditions contributing to death but not related to cause given in Part I)			

FILED

JUN 02 1997

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

SAM ORLICH
AUDITOR LAKE COUNTY

John Stiles 300 E. 90th Dr. Merr. Ind 46410

900
CE# 8107