

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

Below for State Office Use

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

APR 12 1984

GORDON L. JONES

EMBALMER'S NAME

1071

LICENSE No.

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 1374

FUNERAL HOME

No. 238

Local No. 679-84

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 STRIKING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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

00035

DECEASED—NAME 1. <b>JOHN THOMAS SCOTT</b>			SEX 2. <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>APRIL 4, 1984</b>	
RACE—(a) g. White, Black, American Indian, etc. (Specify) 4. <b>WHITE</b>	AGE—Last Birthday (Yrs.) 5a. <b>62</b>	UNDER 1 YEAR 5b. _____	UNDER 1 DAY 5c. _____	DATE OF BIRTH (Mo. Day, Yr.) 6. <b>DEC. 17, 1921</b>	COUNTY OF DEATH 7a. <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH 7b. <b>MERRILLVILLE</b>		HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) 7c. <b>METHODIST HOSPITAL - SOUTH LAKE CAMPUS</b>		IF HOSP OR INST. Indicate D.O.A. OP, Emer. Rm., Inpatient (Specify) 7d. <b>INPATIENT</b>	
STATE OF BIRTH (If not in U.S.A. Name (Specify)) 8. <b>KENTUCKY</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>MARRIED</b>	SURVIVING SPOUSE (If not in other, give name) 11. <b>ERNEST TRAVIS</b>		
SOCIAL SECURITY NUMBER 12. <b>405-14-2478</b>		USUAL OCCUPATION (Give kind of work done during most working life, even if retired) 13a. <b>RAW MATERIAL STOCKER</b>		KEY OF BUSINESS OR INDUSTRY 13b. <b>U. S. STEEL, GARY WORKS</b>	
RESIDENCE—STATE 14a. <b>INDIANA</b>	COUNTY 14b. <b>LAKE</b>	CITY, TOWN OR LOCATION 14c. <b>HOBART</b>		IS RESIDENCE ON A _____ 15a. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
STREET AND NUMBER 15d. <b>3958 WILLOW STREET</b>			IS RESIDENCE ON A _____ 15e. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INSIDE CITY LIMITS (Specify YES or NO) 15f. <b>YES</b>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME 16. <b>JOHN SCOTT</b>		MOTHER—MAIDEN NAME 17. <b>DOVE MAY JENNINGS</b>			
INFORMANT—NAME (Type or print) 18a. <b>ERNESTINE SCOTT - WIFE</b>		RELATIONSHIP 18b. <b>WIFE</b>	MAILING ADDRESS 18c. <b>3958 WILLOW STREET, HOBART, INDIANA 46342</b>	CITY OR TOWN 18d. <b>HOBART, INDIANA</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>BURIAL</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b. <b>EVERGREEN MEMORIAL PARK CEM</b>		LOCATION 19c. <b>HOBART, INDIANA</b>	
DATE (MONTH, DAY, YEAR) 20a. <b>APRIL 7, 1984</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20b. <b>BURNS FUNERAL HOME, 701 E. 7th Street, HOBART, INDIANA</b>			
To the best of my knowledge, death occurred at the time, date and place indicated on the certificate stated. 21a. (Signature) <i>[Signature]</i>			DATE SIGNED (Mo. Day, Yr.) 21b. <b>APR 8 1984</b>		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. <b>B.H. BRAUN</b>			HOUR OF DEATH 21c. <b>10:35</b>		
MAILING ADDRESS—PHYSICIAN 21e. <b>221-E St. Avenue, Suite 4, Merrillville, IN 46410</b>					
HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>4-12-84</b>		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
PART I		(a) <b>Respiratory Arrest</b>		Interval between onset and death <b>1 Day</b>	
		(b) <b>Congestive Heart Failure</b>		Interval between onset and death <b>1 mo.</b>	
		(c) <b>Carcinoma of Lung</b>		Interval between onset and death <b>9 mo.</b>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 24. <b>NO</b>	

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

Ernestine Scott 3958 Willow St. Hobart 46342 ←

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15

#18-119-25

Document NOT OF PUBLIC RECORD  
APR 8 1984  
PREFET BENJAMIN  
LAKE COUNTY AUDITOR