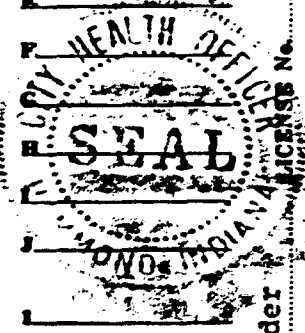


TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

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Disposition Form
Issued / /
Provisional
Certificate
 Yes No



EMBALMER'S NAME: John L. Alexander
FUNERAL HOME: 1061
FUNERAL DIRECTOR'S LICENSE No.: 2391
FUNERAL HOME: 286

Local No. 778

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

DECEASED NAME Russell Shellman Sr.		SEX Male	DATE OF DEATH October 24, 1985
RACE White	AGE 69	DATE OF BIRTH 2/26/1916	COUNTY OF DEATH Lake
CITY/TOWN/LOCATION OF DEATH Hammond	HOSPITAL OR OTHER INSTITUTION 3849-177th St.		IF HOSP OR INST. ISSUED DOB OF THIS DECEASED
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED/NEVER MARRIED Married	SURVIVING SPOUSE Elaine Jarchow
SOCIAL SECURITY NUMBER 303-16-1870	USUAL OCCUPATION Retired Repairman	KIND OF BUSINESS OR INDUSTRY Firestone Co.	
RESIDENCE STATE Indiana	COUNTY Lake	CITY/TOWN/LOCATION Hammond	INSIDE CITY LIMITS Yes
STREET AND NUMBER 3849-177th Street		IS RESIDENCE ON A FARM? No	INSIDE CITY LIMITS Yes
IS DECLARED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. No			
FATHER - NAME		MOTHER - MAIDEN NAME	
MARRIANT - NAME Elaine Shellman (Wife)		MAILING ADDRESS 3849-177th St., Hammond, Indiana 46323	
BURIAL CREMATION REMOVAL OTHER		CEMETERY OR CREMATORY - FUNERAL HOME Chapel Lawn Memorial	
DATE October 26, 1985		LOCATION Schererville, Indiana	
CERTIFIER DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE SIGNED 10/25/85	HOUR OF DEATH 6:31 A.M.
HEALTHY OFFICER Franklin J. ...		DATE RECEIVED BY LOCAL HEALTH OFFICE OCT 25	STATE OF INDIANA LAKE COUNTY RECORDER'S OFFICE
CAUSE Severe coronary artery disease; Complete occlusion of left coronary artery; Cardiomegaly; Atherosclerotic heart disease			
ACC. SUICIDE FROM UNDOT OR PENDING INVEST Natural	DATE OF INJURY	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED
INJURY AT WORK	PLACE OF INJURY	LOCATION	FILED AUG 10 1999 PETER BENJAMIN LAKE COUNTY AUDITOR

Kept
26-34-277-1

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cc # 124

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

MAR 03 1992 *Franklin D. Remuda M.D.*
Date Issued HAMMOND HEALTH COMMISSIONER

