

TYPE OR PRINT  
PLAINLY WITH  
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THIS IS A  
PERMANENT  
RECORD

low for State Office Use

K# 37-106-44  
N33° S 207' E 1/2 R  
W2 SE 9-16-9  
L1139

EMBALMER'S NAME  
John Dalton

FUNERAL HOME  
No. 282  
FUNERAL DIRECTOR'S  
LICENSE No. 1751  
SIGNATURE

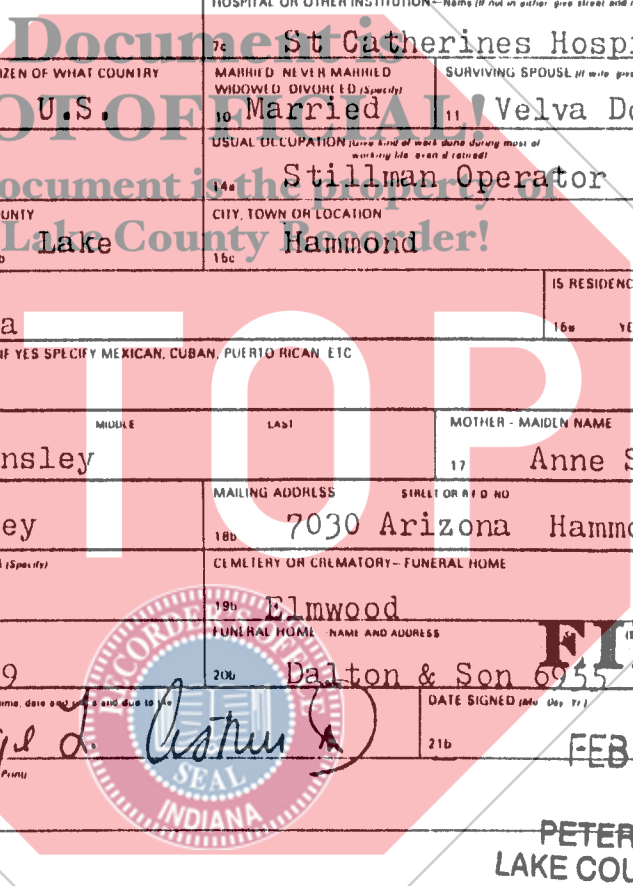
199004798 LD  
Local No. 186

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

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

1 DECEASED NAME FIRST MIDDLE LAST Fred F Hensley Sr		2 SEX Male	3 DATE OF DEATH (MONTH DAY YEAR) 4-15-79
4 RACE White	5a AGE—Last Birthday 74	5b UNDER 1 YEAR MOSE DAYS	5c UNDER 1 DAY HOURS MINS
6 DATE OF BIRTH (Mo Day Yr) 6-29-04		7a COUNTY OF DEATH Lake	
7b CITY, TOWN OR LOCATION OF DEATH East Chicago		7c HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) St Catherines Hospital	
8 STATE OF BIRTH (if not in U.S. give country) Illinois		9 CITIZEN OF WHAT COUNTRY U.S.	
10 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Married		11 SURVIVING SPOUSE (if wife, give maiden name) Velva Domke	
12 SOCIAL SECURITY NUMBER 351-10-9062		13 USUAL OCCUPATION (give kind of work done during most of working life, even if retired) Stillman Operator	
14a KIND OF BUSINESS OR INDUSTRY Union Carbide		14b	
15a RESIDENCE STATE Indiana		15b COUNTY Lake	
15c CITY, TOWN OR LOCATION Hammond		15d STREET AND NUMBER 7030 Arizona	
16a IS RESIDENCE ON A FARM? NO <input checked="" type="checkbox"/>		16b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
17 INSIDE CITY LIMITS (Specify Yes or No) Yes			
18 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19 FATHER - NAME FIRST MIDDLE LAST John Hensley		20 MOTHER - MAIDEN NAME FIRST MIDDLE LAST Anne Seward	
21a INFORMANT NAME (Type or print) Velva Hemsley		21b MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 7030 Arizona Hammond Indiana 46324	
22a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		22b CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CITY OR TOWN STATE Elmwood Hammond Indiana	
23a DATE (MONTH DAY YEAR) April 18 1979		23b FUNERAL HOME NAME AND ADDRESS CITY OR TOWN STATE ZIP Dalton & Son 6955 Southeastern Hammond Ind 46324	
24a NAME OF ATTENDING PHYSICIAN (Type or Print) George L. Astum		24b DATE SIGNED (Mo Day Yr) FEB 16 2000	
24c HOUR OF DEATH M		24d M.D. OR D.O. PETER BENJAMIN LAKE COUNTY AUDITOR	
25a HEALTH OFFICER SIGNATURE C. A. Campagna M.D.		25b DATE RECEIVED BY LOCAL HEALTH OFFICER 4-17-79	
26a PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) (a) CARDIOPULMONARY ARREST. DUE TO OR AS A CONSEQUENCE OF (b) CARCINOMA RECTUM DUE TO OR AS A CONSEQUENCE OF (c)		26b INTERVAL BETWEEN ONSET AND DEATH 00855	
26c PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I(a) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		26d AUTOPSY (Specify Yes or No) No	

Chicago Title Insurance  
REV 10 77



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