

RECORD WITH UNFADING INK THIS IS A PERMANENT RECORD

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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 DEPARTMENT

William A. Sheppard
FURNAL DIRECTOR'S SIGNATURE

5346 LICENSE No. 2258
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INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 3305-86

State No. _____

1 DECEASED - NAME Clifford A. Hoooley		2 SEX Male		3 DATE OF DEATH (MONTH DAY YEAR) 12-19-1986	
4 RACE White		5 AGE (LAST BIRTHDAY) 64		6 DATE OF BIRTH (MONTH DAY YEAR) 1-11-1922	
7 CITY, TOWN OR LOCATION OF DEATH Hebron		8 HOSPITAL OR OTHER INSTITUTION Residence 19005 Mississippi Street		9 COUNTY OF DEATH Lake	
10 STATE OF BIRTH (IF NOT IN U.S.A. GIVE COUNTRY) Indiana		11 MARRIED, NEVER MARRIED, DIVORCED, WIDOWED, SURVIVING SPOUSE (IF SEPARATED) Married		12 IF HOSP. OR INST. WHERE DEATH OCCURRED, GIVE NAME, ROOM NUMBER, STREET, CITY, STATE AND ZIP CODE	
13 SOCIAL SECURITY NUMBER 337-14-7693		14 USUAL OCCUPATION (GIVE NAME OF WORK AND DUTY PERFORMED) Retired		15 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes	
16 RESIDENCE - STATE Indiana		17 COUNTY Lake		18 KIND OF BUSINESS OR INDUSTRY Asst Plant Mgr Globe Ind.	
19 STREET AND NUMBER 1905 Mississippi Street		20 CITY, TOWN OR LOCATION Hebron		21 IS RESIDENCE ON A FARM? NO	
22 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		23 FATHER - NAME (FIRST, MIDDLE, LAST) Julius Hoooley		24 MOTHER - MANDER NAME (FIRST, MIDDLE, LAST) Ananda Zander	
25 RELATIONSHIP Hersilia Hoooley Spouse		26 STREET OR R.F.D. NO. 1905 Mississippi St.		27 CITY OR TOWN Hebron	
28 BIRTH DATE (MONTH DAY YEAR) 12-22-1986		29 CEMETERY OR CREMATORY - FUNERAL HOME Lowell Memorial Cemetery		30 LOCATION Lowell, Indiana	
31 DATE OF ATTENDING PHYSICIAN (IF NOT A PHYSICIAN, GIVE NAME AND ADDRESS) Ray E. Drasga M.D.		32 DATE SIGNED (MONTH DAY YEAR) 12/23/86		33 HOUR OF DEATH 4:19 AM	
34 HEALTH OFFICE - SIGNATURE Peter Benjamin		35 HEALTH OFFICE - NAME AND ADDRESS 8127 Merrillville Rd. Merrillville, In.		36 DATE SIGNED BY LOCAL HEALTH OFFICER MAY 07 2002	
37 PART I (a) CAUSE OF DEATH Lung Cancer		38 PART II (b) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not stated in cause given in part I (a)		39 AUTOPSY (Specify type and date)	



FILED

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