

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

Below for State Office Use

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT  
*ER Roman, MD*  
Date Issued Dec 28, 2004 Filed for Record  
Hammond Health Commissioner

Chicago Title Insurance Company

Disposition Permit Issued  /  
Provisional Certificate  Yes  No

EMBALMER'S NAME Charles 2806 LICENSE No. 4237  
FUNERAL DIRECTOR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S LICENSE No. 680  
FUNERAL HOME No. 205

Local No. 274

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH  
# 62021115  
State No. 88

1. DECEASED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
ROBERT		MULHERN		MULHERN		MULHERN		MALE		APRIL 11, 1979	
2. RACE—(a) White, Black, American Indian, etc. (Specify)		AGE—(Last birthday)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MO, DAY, YR)		COUNTY OF DEATH	
White		59		MOS. DAYS		HOURS MINS.		3-15-1970		Lake	
3. CITY, TOWN OR LOCATION OF DEATH		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		IF HOSP. OR INST., Indiana DOA, Op., Emer., Im., Inpatient (Specify)			
Hammond		U.S.		Married		St. Marcella		d			
4. STATE OF BIRTH (If not in U.S.A. name country)		CITIZEN OF WHAT COUNTRY		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. Ruth Barnett		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)			
Ind.		U.S.		Retired		Ruth Barnett		No			
5. RESIDENCE—STATE		COUNTY		13a. CITY, TOWN OR LOCATION		13b. KIND OF BUSINESS OR INDUSTRY		14. INSIDE CITY LIMITS (Specify Yes or No)			
Ind.		Lake		Hammond		N.P. Co.		Yes			
6. STREET AND NUMBER		15a. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		15b. IS RESIDENCE ON A FARM?		15c. INSIDE CITY LIMITS (Specify Yes or No)		15d. 1st. 2d.			
6339 Euclid Ave.		NO		NO		No		2d.			
7. FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME			
Edward Mulhern		Edward		Mulhern		Mulhern		Mary			
8. INFORMANT—NAME (Type or print)		18a. BIRTH DATE (MONTH, DAY, YEAR)		18b. MAJING ADDRESS		18c. STREET OR R.F.D. NO.		18d. CITY OR TOWN		STATE ZIP	
Ruth Mulhern		Apr. 14 - 79		6339 Euclid Ave.		Hammond		Ind.		461	
9. BURIAL, CREMATION, REMOVAL, OTHER (Specify)		19a. DATE (MONTH, DAY, YEAR)		19b. CEMETERY OR CREMATORY—FUNERAL HOME		19c. FUNERAL HOME—NAME AND ADDRESS		19d. LOCATION		CITY OR TOWN STATE	
Burial		Apr. 14 - 79		C. G. Weber		703 - 105 St. Hammond		Ind.		Ind.	
10. M.D. OR D.O.		21a. NAME OF ATTENDING PHYSICIAN (Type or Print)		21b. DATE SIGNED (MO, DAY, YR)		21c. HOUR OF DEATH		21d. 1:50 a.m.			
M.D.		Thomas A. Brubaker MD		Apr 11, 1979		1:50 a.m.					
21e. MAILING ADDRESS—PHYSICIAN		21f. HEALTH OFFICER—NAME		21g. DATE SIGNED BY LOCAL HEALTH OFFICER		21h. HOUR OF DEATH		21i. 1:50 a.m.			
110 Ridge Road Munster Ind 46342		Stephen R. Stiglich		APR 12 1979		1:50 a.m.					
22a. IMMEDIATE CAUSE		22b. (FEBER ONLY, ONE CAUSE PER LINE FOR (a), (b), AND (c))		22c. INTERVAL BETWEEN ORAL AND DEATH		22d. INTERVAL BETWEEN ORAL AND DEATH		22e. INTERVAL BETWEEN ORAL AND DEATH			
Cardiac arrest		Cardiac arrest		minutes		minutes		minutes			
23. (a) DUE TO OR AS A CONSEQUENCE OF		(b) DUE TO OR AS A CONSEQUENCE OF		(c) DUE TO OR AS A CONSEQUENCE OF		(d) DUE TO OR AS A CONSEQUENCE OF		(e) DUE TO OR AS A CONSEQUENCE OF			
Autoisoleptic heart disease		Autoisoleptic heart disease		Autoisoleptic heart disease		Autoisoleptic heart disease		Autoisoleptic heart disease			

SBH 06-003  
REV. 10/77

JAN 13 2005  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

11. 88

No: 620211115

### LEGAL DESCRIPTION

The South 28 feet of Lot 1, in Block 3, in Park Ridge Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 13, page 35 in the Office of the Recorder of Lake County, Indiana.

