

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

Below for State Office Use

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

OCT 16 1987  
H.M. Mishoulan M.D.  
HAMMOND HEALTH COMMISSIONER

Local No. 753

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

1 DECEASED-NAME Norbort D. Jillson		MIDDLE		LAST		SEX		DATE OF DEATH MONTH DAY YEAR	
2 RACE - (Specify Race American Indian, Neg. or Other)		AGE - (In Years)		DATE OF BIRTH (Mo. Day Yr.)		COUNTY OF DEATH		DATE OF DEATH MONTH DAY YEAR	
3 White		5a 57		6 11-11-1929		7a Lake		3 October 5, 1987	
4 CITY, TOWN OR LOCATION OF DEATH									
7b Hammond									
7c St. Margaret Hospital									
8 STATE OF BIRTH (If not in U.S.A. name country)									
9 Indiana									
9 USA									
10 SOCIAL SECURITY NUMBER									
13 305-28-5671									
14a RESIDENCE-STATE									
15a Indiana									
15b CITY, TOWN OR LOCATION									
15c Hammond									
15d STREET AND NUMBER									
15e 443 165th Street									
15f IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.									
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
16 FATHER-NAME									
16a John									
16b MOTHER-MAIDEN NAME									
16c Amelia									
16d RELATIONSHIP									
16e Rosella Jillson-wife									
16f MARRIAGE DATE									
16g 10-8-87									
16h BURIAL (CREMATION, REMOVAL, OTHER)									
16i Eural									
16j DATE (MONTH DAY YEAR)									
16k 10-8-87									
16l M.D. OR D.O.									
16m H.M. Mishoulan M.D.									
16n NAME OF TENDING PHYSICIAN (Type or Print)									
16o MAILING ADDRESS - PHYSICIAN									
16p 7905 Calumet Av. Munster, Indiana 46321									
16q HEALTH OFFICER - SIGNATURE									
16r H.M. Mishoulan M.D.									
16s DATE RECEIVED BY LOCAL HEALTH OFFICER									
16t OCT 08 1987									
16u IMMEDIATE CAUSE									
16v Respiratory Arrest									
16w DUE TO OR AS A CONSEQUENCE OF									
16x Memory loss									
16y DUE TO OR AS A CONSEQUENCE OF									
16z Bronchopneumonia									
17 PART I									
17a SIGNATURE									
17b SIGNATURE									
17c SIGNATURE									
17d SIGNATURE									
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FUNERAL HOME FDH3002851

FUNERAL DIRECTORS FDE1018769

EMBALMERS NAME Rod A. Ivy

SIGNATURE