

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT

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

DEC 26 1984

HAMMOND HEALTH COMMISSIONER

Date Issued

7 _____
8 _____
9 _____
10 _____
11 _____
12 _____

EMBALMER'S NAME FRANK J. KISH LICENSE No. 4539

FUNERAL DIRECTOR'S SIGNATURE Thomas J. Burns LICENSE No. 2380 FUNERAL HOME No. 281

Local No. 897

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME Claude Wilson Frederick SEX Male DATE OF DEATH (MONTH, DAY, YEAR) 12-23-84

RACE—White AGE—64 UNDER 1 YEAR 0 UNDER 1 DAY 0 DATE OF BIRTH (MO, DAY, YR) 9/17/1920 COUNTY OF DEATH Lake

CITY, TOWN OR LOCATION OF DEATH Hammond HOSPITAL OR OTHER INSTITUTION—St. Margaret Hospital

STATE OF BIRTH Kentucky CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, Married SURVIVING SPOUSE (If male, give maiden name) Blanche Mcelwain IF HOUSE OR INST. (Indiana D.O.A. or Federal Reg. Hospital, Cemetery) Inpatient

SOCIAL SECURITY NUMBER [REDACTED] USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operating Engineer KIND OF BUSINESS OR INDUSTRY Local 150 WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Yes or No) Yes

RESIDENCE—STATE Indiana COUNTY Lake CITY, TOWN OR LOCATION Hammond IS RESIDENCE ON A FARM? No INSIDE CITY LIMITS (Specify Yes or No) Yes

STREET AND NUMBER 1308 Indiana Avenue IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. No

FATHER—NAME Cooper RELATIONSHIP Frederick MOTHER—MAIDEN NAME Orlile LAST Johnston

INFORMANT—NAME (Type of Person) Blanche Frederick/Wife MAILING ADDRESS 1308 Indiana Ave., Hammond, Indiana 46320 CITY OR TOWN Hammond STATE Indiana ZIP 46320

BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial CEMETERY OR CREMATION—FUNERAL HOME Chapel Lawn Memorial LOCATION Schererville, Indiana

DATE (MONTH, DAY, YEAR) December 27, 1984 FUNERAL HOME—NAME AND ADDRESS Burns-Kish Funeral Homes, Inc. STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP Hammond, Indiana

NAME OF ATTENDING PHYSICIAN (Type or Print) MAHER, M. SHAH M.D. DATE SIGNED (MO, DAY, YR) 12-25-84 HOUR OF DEATH 5:04 p.m.

MAILING ADDRESS—PHYSICIAN 8127 S. WESTERN CHICAGO, ILL. 60620

HEALTH OFFICER—SIGNATURE Thomas J. Burns DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 26 1984

23. IMMEDIATE CAUSE CARDIORESPIRATORY APPEAL Interval between onset and death INTERMEDIATE

24. CAUSE (a) CARDIOMYOPATHY OF LUNGS METASTATIC TO LIVER Interval between onset and death 4 MONTHS

(b) CORONARY ARTERY DISEASE, ASCITES, HYPERTIC PELOMA Interval between onset and death NO

25. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not reported on cause pages in PART 1(a) NO

SBH 06-003 State Form 35430 REV. 10/77