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RECORD

Disposition Permit Issued /	Provisional Certificate
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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EMBALMER'S NAME Ronald Reed LICENSE No. 108
 FUNERAL DIRECTOR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S LICENSE No. 94
 FUNERAL HOME No. 750

2008
04/13/1
DECEASED

Local No. 84-0017

CORONER'S CERTIFICATE OF DEATH

No. January 9, 1984

DECEASED—NAME THOMAS HUGHES		SEX Male		DATE OF DEATH (DD-MON-YY) January 9, 1984	
RACE White		AGE (Y-M-D) 57		DATE OF BIRTH (MM-DD-YY) 2/16/1926	
CITY, TOWN OR LOCATION OF BIRTH Gary, IN		HOSPITAL OR OTHER INSTITUTION (Name of institution, street and city) Methodist Hospital, Northlake		IF DEATH OCCURRED IN INSTITUTION, BY WHOM AND BY WHAT METHOD? E.K.	
STATE OF BIRTH Indiana		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
SOCIAL SECURITY NUMBER Michael A. Hughes		MARITAL STATUS (Specify) Married		USUAL OCCUPATION (Specify) Ren-Tech Company	
RESIDENCE—STATE Indiana		CITY, TOWN OR LOCATION Griffith		KIND OF BUSINESS OR INDUSTRY Ren-Tech Company	
STREET AND NUMBER 1226 Glenwood Ave.		IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INSIDE CITY LIMITS (CHECK THE BOX) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY (SPANISH, CUBAN, PUERTO RICAN, ETC.) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FATHER—NAME John Hughes		MOTHER—MAYDEN NAME Julia McLaughlin	
INFORMANT—NAME Delores Hughes (Wife)		RELATIONSHIP Wife		MAYING ADDRESS 1226 Glenwood, Griffith, IN 46319	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORIUM—FULL NAME Calumet Park Cemetery		LOCATION Merrillville, IN	
DATE (DD-MON-YY) January 11, 1984		FUNERAL HOME—NAME AND ADDRESS Kuiper Funeral Home, 9039 Kleinman, Highland, IN		CITY OR TOWN Highland, IN	
CERTIFIER [Signature]		NAME AND ADDRESS OF CERTIFIER (Print or Type) DANIEL D. THOMAS, 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE RECEIVED BY LOCAL HEALTH OFFICER JAN 11 1984	
DISPOSITION Cardiac arrest		CAUSE Cardiomegaly; Moderate coronary artery disease		HOURS OF DEATH 8:37 A.	
PART Cardiomegaly; Moderate coronary artery disease		MANNER OF DEATH Undetermined		AUTOPSY (Specify Title or Age) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ACC. SUICIDE, HOMICIDE, UNOSCI. OR PENDING INVEST. (Specify) Natural		DATE OF INQUIRY (MM-DD-YY) 2/28		HOURS OF INQUIRY M	
PLACE OF INQUIRY (Specify) Natural		DISCLOSE HOW INQUIRY OCCURRED 35		CITY OR TOWN Highland	

Hold for: Residential Title

EXHIBIT "A"

LOT 6 IN LAWNDALE GARDENS 6TH ADDITION, IN THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 35 PAGE 6 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL ID NUMBER: 15-26-0242-0006

COMMONLY KNOWN AS: 1226 NORTH GLENWOOD
GRIFFITH, IN 46319

I affirm, under the penalties for perjury,
that I have taken reasonable care to redact
each social security number in this document,
unless required by law.

Marilyn Huber
Marilyn Huber

