

Lat Key # 18-28-0138-0005

797

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME: **Henry J. Goodman** SEX: **Male** DATE OF DEATH: **11-14-84**

RACE: **White** AGE: **63** DATE OF BIRTH: **12/21/1920** COUNTY OF DEATH: **Lake**

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

STATE OF BIRTH: **Illinois** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married** SURVIVING SPOUSE: **Betty Moore**

SOCIAL SECURITY NUMBER: **311-18-3306** USUAL OCCUPATION: **Retired** KIND OF BUSINESS OR INDUSTRY: **NIPSCO**

RESIDENCE—STATE: **Indiana** COUNTY: **Lake** CITY, TOWN OR LOCATION: **Munster**

STREET AND NUMBER: **8127 Schreiber Drive** IS RESIDENCE ON A FARM? **NO**

FATHER—NAME: **Dr. Leo Goodman** MOTHER—M IDEN NAME: **Mary Gowney**

INFORMANT—NAME: **Betty Goodman/Wife** RELATIONSHIP: **Wife** MAILING ADDRESS: **8127 Schreiber Dr. Munster, Indiana 46321**

BURIAL, CREMATION, REMOVAL, OTHER: **Burial** CEMETERY OR CREMATORY—FUNERAL HOME: **Elmwood Cemetery Hammond, Indiana**

DATE: **November 17, 1984** FUNERAL HOME—NAME AND ADDRESS: **Burns-Kish Funeral Homes, Inc. Munster, Indiana**

NAME OF ATTENDING PHYSICIAN: **R. L. Good, M.D.** DATE SIGNED: **11-14-84**

MAILING ADDRESS: **7905 Calumet Avenue, Munster, Indiana 46321**

HEALTH ATTENDING PHYSICIAN'S SIGNATURE: *R. L. Good* DATE RECEIVED BY LOCAL HEALTH OFFICER: **NOV 15 1984**

IMMEDIATE CAUSE: **Renal Failure Secondary to Cirrhosis**

CAUSE: **Renal Failure Secondary to Cirrhosis**

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

13884

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SEP 18 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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FUNERAL DIRECTORS: *Frank J. Kish* SIGNATURE
FUNERAL DIRECTORS LICENSE NO. 4539
FUNERAL HOME LICENSE NO. 496