

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

APR 11 1989 *Franklin D. Remuda, M.D.*
Date Issued Hammond Health Commissioner

Local No. 271

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

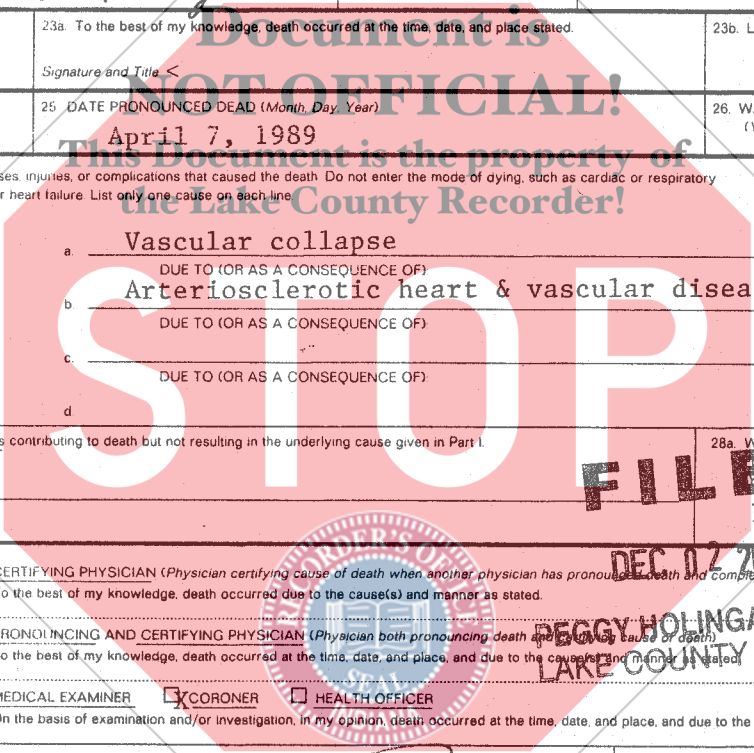
SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

1 DECEASED—NAME FIRST MIDDLE LAST Robert C. Tucker			2 SEX Male	3 DATE OF DEATH (Mo. Day Yr) April 7, 1989	
4 SOCIAL SECURITY NUMBER 314-05-6237	5a AGE—Last Birthday (Years) 70	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) Aug. 12, 1918	
8 YEAR LAST SERVED IN U.S. ARMED FORCES? No		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Hospital		9c. CITY, TOWN OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Violet E. Gehrke	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retiree) Operator		12b. KIND OF BUSINESS/INDUSTRY Levee Brothers	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond		13d. STREET AND NUMBER 1126 Cherry Street	
13e. INSIDE CITY LIMITS? (Yes or no) Yes	13f. FARM No	13g. ZIP CODE 46324	14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	15. RACE—American Indian, Black, White, etc. (Specify) White	
17. FATHER'S NAME (First, Middle, Last) Ralph Tucker			18. MOTHER'S NAME (First, Middle, Maiden Surname) Hazel E. Reading		
19a. INFORMANT'S NAME (Type/Print) Violet Tucker		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1126 Cherry St., Hammond, IN 46324		19c. Relationship Wife	
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 11, 1989 Chapel Lawn Cemetery		20c. LOCATION—City or Town, State Schererville, IN	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Elden V. LaHayne</i>		21b. LICENSE NUMBER (of Licensee) FD0-1041928	22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home FD-83002885 5746 Hohman, Hammond, IN 46320		
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title < <i>[Signature]</i>		23b. LICENSE NUMBER 110-10-42	23c. DATE SIGNED (Month, Day, Year) APR 10 1989		
24. TIME OF DEATH 3:40 P.M. M	25. DATE PRONOUNCED DEAD (Month, Day, Year) April 7, 1989		26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) Yes		
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) b. Arteriosclerotic heart & vascular disease DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			Approximate Interval Between Onset and Death Unknown		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			28a. WAS AN AUTOPSY PERFORMED? No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>			29c. LICENSE NUMBER 16120	29d. DATE SIGNED (Month, Day, Year) Apr. 10, 1989	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307					
31. HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda, M.D.</i>				32. DATE FILED (Month, Day, Year) APR 11 1989	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		



LAKE COUNTY RECORDER
DEC 02 2009
110-10-42
LAKE COUNTY RECORD

SEE INSTRUCTIONS
COMMUNITY TITLE COMPANY
FILE NO. 110-10-42