

400

70-025359

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 344-70

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. MARY MARYNOWSKI 2. FEMALE 3. June 17, 1970

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH COUNTY OF DEATH

4. White 5. 94 6. MOS. DAYS 7. HOURS MIN. 8. MONTH, DAY YEAR 9. Oct 15-1916 10. LAKE

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

11. Gary 12. YES 13. 3047 Calhoun

7b. GARY STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Poland & U.S. 10. WIDOWED DIVORCED

SOCIAL SECURITY NUMBER OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 315-54-6341 13a. Housewife 13b.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Ind 14b. LAKE 14c. Hammond 14d. YES 14e. NORTH

14a. Twp. 14b. LAKE 14c. Hammond 14d. YES 14e. NORTH

15. 1136 MOSS 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give unit or dates of service) 17. IS RESIDENT ON A FARM?

16. NO 17. YES NO

PARENTS

18. NOT KNOWN 19. NOT KNOWN

20. HELEN FLORES 21. DAUGHTER 22. 3047 Calhoun Gary Ind.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(a) MYOCARDIAL INFARCTION 2-3 hours

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

23. YES NO 24. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 25. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

26. 6 17 70 11:45 A 27. [Signature] 28. 6 18 70

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN (IDEGREE OR TITLE)

29. W. V. HEHERRMANN, MD. 30. [Signature] 31. MD

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

32. 7905 CALUMET, MUNSTER INDIANA 46321

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, TUNNEL, HOME LOCATION CITY OR TOWN STATE

33. Burial 34. Ridge Lawn 35. Gary Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

36. June 20 70 37. Dalton 6955 Southeastern Hammond 46321

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

38. [Signature] 39. JUN 19 1970

504-6-24-2



THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

MAR 15 2010

Court M. Adams
STATE REGISTRAR

301581