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PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

State Office Use

John C. Ault
1350

EMERGENCY
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FUNERAL DIRECTOR'S LICENSE RECORDER'S OFFICE
1783

Return to Baldwin Realty Co.
8220 Calumet Ave.
Munster, Ind. 46321
Local No. **69-0078** 8658

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

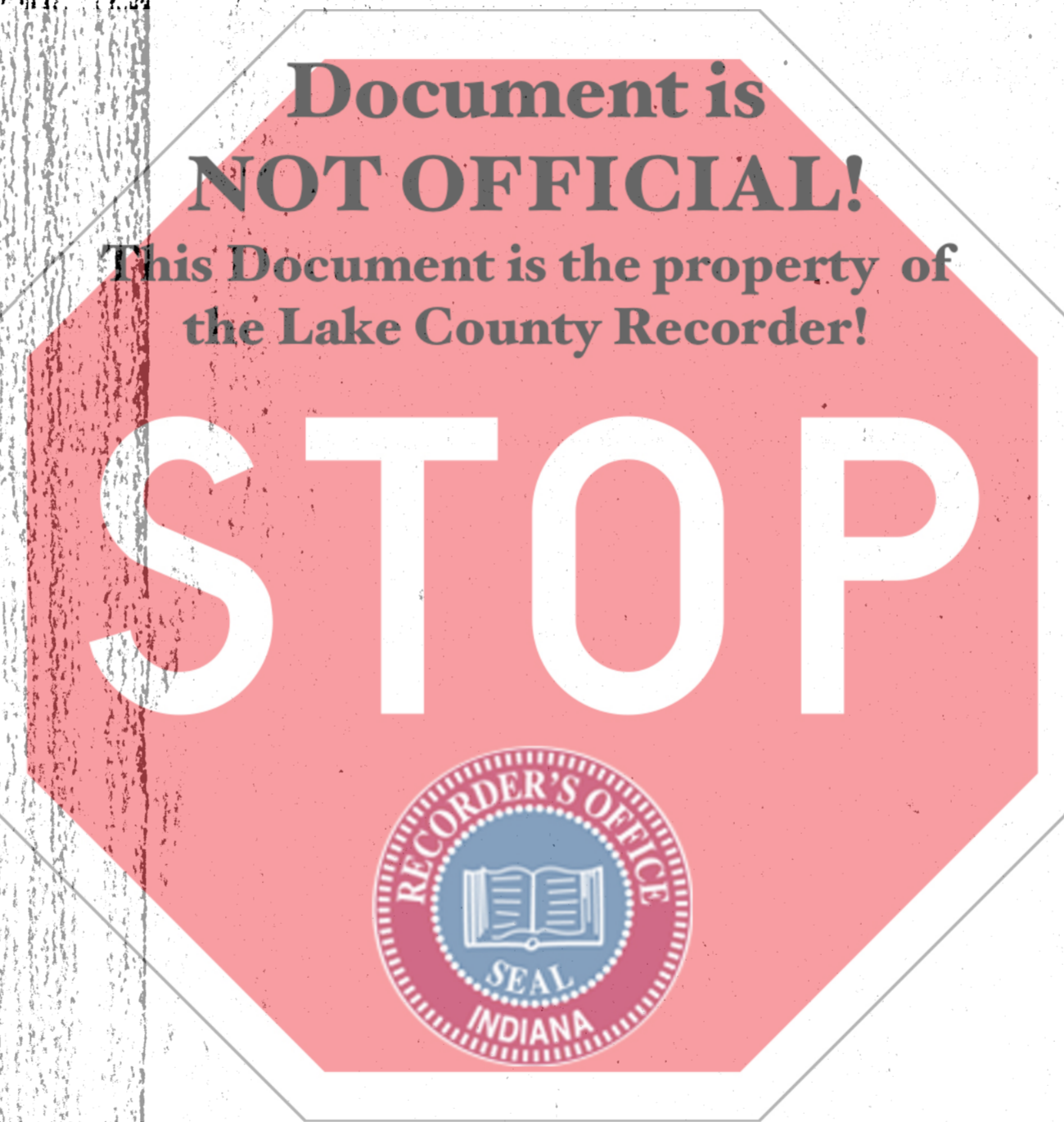
State No.
No.

DECEASED—NAME 1. MARTHA GHONSKI		SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. JANUARY 15, 1969
RACE (SPECIFY) 4. WHITE	AGE—LAST BIRTHDAY (YEARS) 5a. 81	UNDER 1 YEAR 5b. 	HOURS 5c.
CITY, TOWN, OR LOCATION OF DEATH 7b. GARY		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. WILDWOOD MAJOR NURSING HOME	COUNTY OF DEATH 6. LAKE
STATE OF BIRTH (IF NOT IN U.S.A.) 8. KANSAS	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. WIDOWED	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11.
SOCIAL SECURITY NUMBER 12. 11-10-7485	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. SALES CLERK	KIND OF BUSINESS OR INDUSTRY 13b. DEPT. STORE	
RESIDENCE—STATE 14a. IND.	CITY, TOWN OR LOCATION 14c. HAMMOND	TOWNSHIP 14d. NORTH	IS RESIDENCE ON A FARM 14g. NO
STREET AND NUMBER 14f. 8645 COLORADO AVENUE		FATHER—NAME 15. JOSEPH HUDSON	
MOTHER—MAIDEN NAME 16. ELIZABETH CARTER		INFORMANT—NAME 17a. MRS. MARY BERG	
RELATIONSHIP 17b. DAUGHTER		MAILING ADDRESS 17c. 6645 COLORADO AVE. HAMMOND, IND. 46323	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH unknown	
CONDITIONS (IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STARTING THE UNDERLYING CAUSE LAST) (b) 			
OTHER SIGNIFICANT CONDITIONS (c) 			
AUTOPSY (YES OR NO) 19a. No		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. 	
DEATH OCCURRED (HOUR) 20a. 10 A.M.	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 20b. JANUARY 15 1969	HOUR 20c. 10 A.M.	DATE SIGNED (MONTH, DAY, YEAR) 21a. JANUARY 17 1969
CERTIFIER—NAME (TYPE OR PRINT) 22a. EDWIN W. STEVENS		SIGNATURE 22b. Edwin W. Stevens M.D.	
MAILING ADDRESS—CERTIFIER 23. 7905 CALUMET AVENUE		CITY OR TOWN MUNSTER	STATE INDIANA
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Removal/burial		CEMETERY, CREMATORY, FUNERAL HOME 24b. East Lawn Cemetery	LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER 24c. Urbana, Illinois 280
DATE (MONTH, DAY, YEAR) 24d. 1/18/69	FUNERAL HOME—NAME AND ADDRESS 25a. Becken Funeral Home 7042 Kennedy Avenue Hammond, Indiana 46323	DATE RECEIVED BY LOCAL HEALTH OFFICER 25b. JAN 17 1969	
FUNERAL DIRECTOR—SIGNATURE 25c. John C. Ault		HEALTH OFFICER—SIGNATURE 25d. [Signature]	



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STATE OF INDIANA, S. NO.
LAKE COUNTY
FILED FOR RECORD

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ANDREW J. MICKENKO
RECORDER

CERTIFIED COPY

A. Rosenblatt
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE JAN 17 1969