

10945

169269-104

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

James S. Moody
15 N. Main St
Hobart

TYPE OR PRINT
PLAINLY WITH UNFADING INK
THIS IS A
PERMANENT
RECORD

1. PLACE OF DEATH
a. COUNTY: Lake
b. CITY, TOWN, OR LOCATION: Hobart
c. Length of stay in 1b: 20 Years

2. USUAL RESIDENCE (Where deceased lived, if institution: Institution before admission)
a. STATE: Indiana
b. COUNTY: Lake
c. CITY, TOWN, OR LOCATION: Hobart

3. NAME OF HOSPITAL OR INSTITUTION: 538 Pershing Street
4. STREET ADDRESS: 538 Pershing Street

5. IS PLACE OF DEATH INSIDE CITY LIMITS? YES NO

6. IS RESIDENCE INSIDE CITY LIMITS? YES NO

7. IS RESIDENCE ON A FARM? YES NO

8. NAME OF DECEASED (Type or print): Elizabeth Catherine Tarquin
9. DATE OF DEATH: 11-28-1965

10. SEX: Female
11. COLOR OR RACE: White
12. MARRIED: NEVER MARRIED WIDOWED DIVORCED

13. DATE OF BIRTH: 4-2-1909
14. AGE (In years last birthday): 56
15. BIRTHPLACE (State or foreign country): Harrisburg, Illinois
16. COUNTRY OF BIRTH: U.S.

17. FATHER'S NAME: John Brown (Deceased)
18. MOTHER'S MAIDEN NAME: Jean Ferguson (Deceased)

19. WAS DECEASED EVER IN U.S. ARMED FORCES? NO
20. SOCIAL SECURITY NO.: 336 12 0596
21. INFORMANT'S NAME: Anthony J. Tarquin
22. INFORMANT'S ADDRESS: 538 Pershing Street, Hobart, Indiana
23. RELATIONSHIP TO DECEASED: Husband

24. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Infarction
DUE TO (b): Myocardial Infarction
DUE TO (c): Malignant Cystadenoma of Ovary
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a):
Interval between onset and death: 1 Day

25. ACCIDENT SUICIDE HOMICIDE:

26. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 24.)

27. TIME OF INJURY: Hour Month Day Year

28. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK

29. CITY, TOWN, OR LOCATION: Hobart
COUNTY: Lake
STATE: Indiana

30. ATTENDING PHYSICIAN: [Signature] M.D.
31. HEALTH OFFICER: [Signature] M.D.
I certify that I investigated cause of death of deceased and find that death occurred at [] E.S.T. [] C.R.T. from causes stated and on above date.

32. ADDRESS: Hobart, Indiana
33. DATE SIGNED: 11-29-65

34. BURIAL, CREMATION, OR REMOVAL: Burial
35. DATE: 12-1-1965
36. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
37. LOCATION: Portage, Indiana

38. DATE REC'D BY LOCAL HEALTH OFFICER: DEC. 1, 1965
39. SIGNATURE OF HEALTH OFFICER: [Signature]
40. FUNERAL DIRECTOR: [Signature]
41. ADDRESS: [Address]

Hobart Heights Sub L.2 Bl.4
Key No. 18 - 19 - 2
LAKE COUNTY HEALTH COMMISSIONER

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder.
COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPT.
FURNERAL (FURNERAL) PROGRAM

Disposition issued 2/1/65
Provisional Certificate
 Yes No

MEDICAL CERTIFICATION
I hereby certify that the deceased died on the date stated above; and to the best of my knowledge, from the causes stated and on above date.



FILED

MAR 28 1969
ANDREW J. HIGENKO
RECORDER

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