

34968

PRINT WITH INK

5 CC  
466569  
Local No. 68 1788  
Lake Co Rlty, 6858 Bowing, Gary  
INDIANA STATE BOARD OF HEALTH  
WIONEER NATL TITLE INS. CO.  
MEDICAL CERTIFICATE OF DEATH  
State No.

PERMANENT 1968 SEE HANDBOOK FOR INSTRUCTIONS			DECEASED—NAME 1. FIRST MARY 2. MIDDLE V. 3. LAST MILLER		SEX 4. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 5. DECEMBER 18, 1968
RACE 6. WHITE		AGE—LAST BIRTHDAY (YEARS) 7a. 69	UNDER 1 YEAR 7b. MONTHS 7c. DAYS	UNDER 1 DAY 7d. HOURS 7e. MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 8. May 5, 1899	COUNTY OF DEATH 9. LAKE
CITY, TOWN, OR LOCATION OF DEATH 10. GARY			INSIDE CITY LIMITS (SPECIFY YES OR NO) 11. YES	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 12. ST. MARY MERCY HOSPITAL		

DECEASED 13. USUAL RESIDENCE (GIVE STREET AND NUMBER, CITY, TOWN OR LOCATION) 14. 1140 W. 81st INDIANA LAKE		CITIZEN OF WHAT COUNTRY 15. USA		MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 16. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
17. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 18. HOUSEWIFE		19. KIND OF BUSINESS OR INDUSTRY 20. AT HOME		21. IS RESIDENCE ON A FARM? (Yes, no, or unknown) (If yes, give war or dates of service) 22. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. RESIDENCE BEFORE ADMISSION (GIVE STREET AND NUMBER, CITY, TOWN OR LOCATION) 24. 1140 W. 81st INDIANA LAKE		INSIDE CITY LIMITS (SPECIFY YES OR NO) 25. YES		TOWNSHIP 26. LAKE	

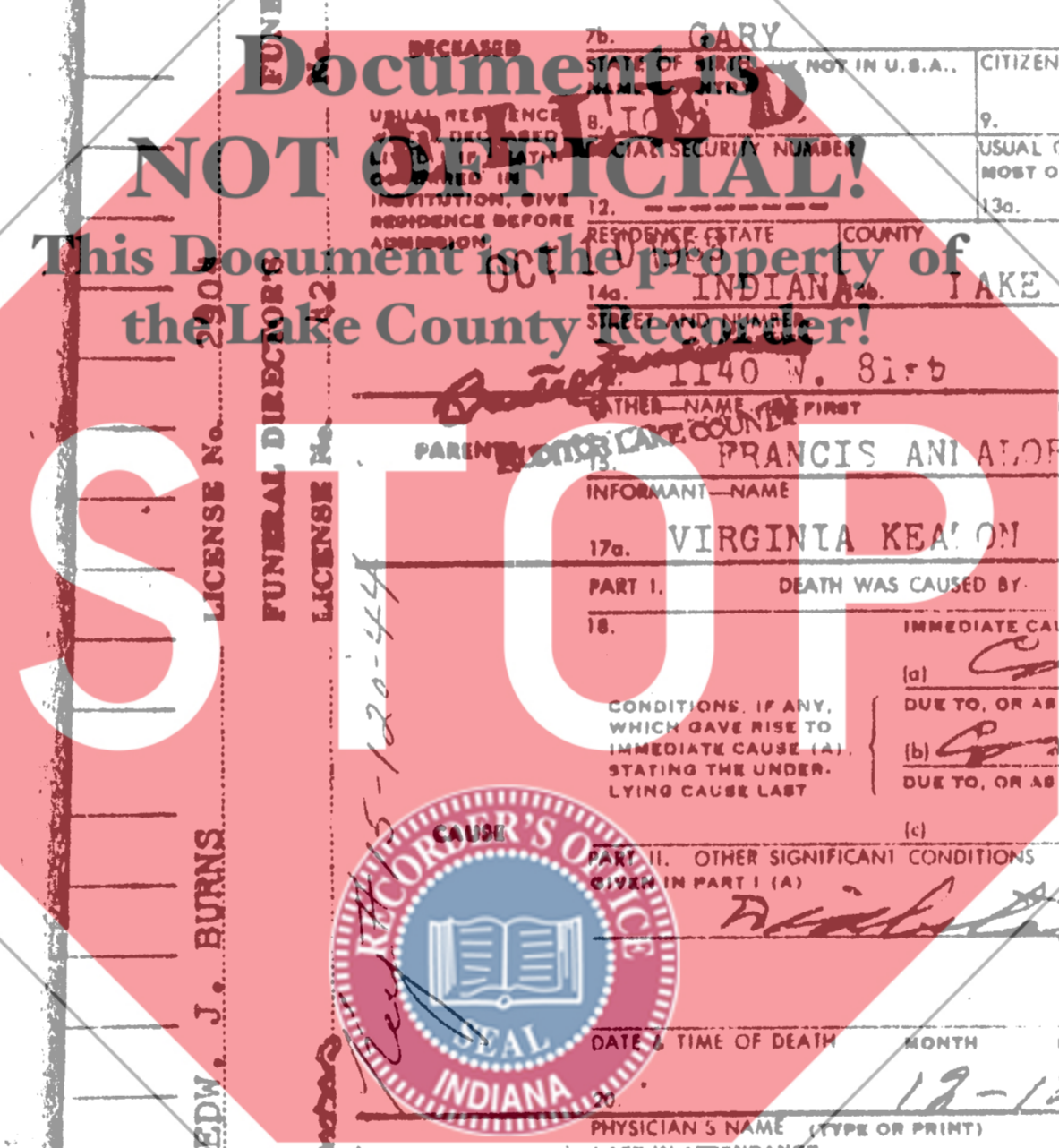
PARENTS 27. NAME FIRST MIDDLE LAST 28. FRANCIS ANI ALOPA		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 29. FRANCES JACKSON	
INFORMANT—NAME 30. VIRGINIA KEARON		RELATIONSHIP 31. DAUGHTER	
Mailing Address (Street or R.F.D. No., City or Town, State, Zip) 32. 604 POLK ST., GARY, INDIANA			

PART I. DEATH WAS CAUSED BY 33. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <i>Chronic occlusion</i>		34. 3 1/2 hr	
(b) <i>Chronic occlusion</i>		35. 5 hr	
(c) <i>Diabetes (mild)</i>			
PART II. OTHER SIGNIFICANT CONDITIONS (GIVEN IN PART I) (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE	
AUTOPSY 36. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 37. YES <input type="checkbox"/> NO <input type="checkbox"/>	

DATE & TIME OF DEATH 38. 12-18-68 10:00 AM		DATE SIGNED 39. 12-18-68	
PHYSICIAN'S NAME (TYPE OR PRINT) 40. DR. L.W. BARRATT		SIGNATURE OF PHYSICIAN (DEGREE OR TITLE) 41. <i>L.W. Barratt M.D.</i>	
MAILING ADDRESS—PHYSICIAN 42. 708 BROADWAY GARY INDIANA 46402			

BURIAL, CREMATION, REMOVAL (SPECIFY) 43. BURIAL		CEMETERY, CREMATORY, FUNERAL HOME LOCATION 44. CALUMET PARK CEM MERRILLVILLE, INDIANA	
DATE (MONTH, DAY, YEAR) 45. 12/21/1968		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 46. BURNS MEMORIAL CHAPEL INC., 675 ADAMS ST., GARY, IND.	

HEALTH OFFICER—SIGNATURE 47. <i>P.J. Rosenblom</i>		DATE RECEIVED BY LOCAL HEALTH OFFICE 48. DEC 18 1968	
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Permit  
1/1  
Final rate  
 No

FUNERAL HOME  
238  
FUNERAL DIRECTOR'S LICENSE No. 230  
EDM. J. BURNS  
FUNERAL DIRECTOR'S SIGNATURE *Edm. J. Burns*



34968



*AD 200*

CERTIFIED COPY  
*P. J. Rosin*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE ... DEC. 18, 1968 ...