

41371

Indiana State Board of Health
Division of Vital Records
Medical Certificate of Death

Local No. 64-0637

PLAINLY WITH UNFAINTING INK THIS IS A PERMANENT RECORD

Charles W. Wells
FUNDING NAME LICENSE NO. 9

1. PLACE OF DEATH
a. COUNTY Lake
b. CITY, TOWN, OR LOCATION Gary
c. Length of Stay in lb 30 yrs

2. USUAL RESIDENCE (If have deceased lived in institution, residence before admission)
a. STATE Indiana
b. COUNTY Lake
c. CITY, TOWN, OR LOCATION Gary
d. STREET ADDRESS 2266 W. 9th. Ave.
e. IS RESIDENCE (INSIDE CITY LIMITS) OR RESIDENCE ON A FARM? YES NO

3. NAME OF HOSPITAL OR INSTITUTION 2266 W. 9th. Ave.
4. DATE OF DEATH May 13, 1964

5. SEX Female
6. COLOR OR RACE White
7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH Oct. 8, 1898
9. AGE (In years last birthday) 65
10. (a) OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
11. BIRTHPLACE (State or foreign country) Poland
12. OTHER (What occupation?) Home
13. OTHER (What occupation?) Poland

14. FATHER'S NAME Joseph Pulaski
15. MOTHER'S MAIDEN NAME Anna
16. INFORMANT'S NAME John Baron
17. RELATIONSHIP TO DECEASED Husband

18. CAUSE OF DEATH (List only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
- 9 1963
DUE TO (a) *Ca of heart changing & coronary + vascular block to heart*
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PRINCIPAL DISEASE CONDITION GIVEN IN PART I (a)
CONDITIONS, IF ANY, WHICH GAVE RISE TO DEATH

19. INTERVAL BETWEEN ONSET AND DEATH 2 yrs
20. WAS AUTOPSY PERFORMED? YES NO

21. ATTENDING PHYSICIAN: I certify that I attended the deceased from Dec 1963 to April 3/1964 and last saw her alive on April 4. Death occurred at the home stated. (C.B.T.) on the date stated above, and to the best of my knowledge, from

22. HEALTH OFFICER: I certify that I investigated cause of (disease) or (trauma) or (injury) and that death occurred at (C.B.T.) from causes stated and on above date.

23. REGISTRAR: *[Signature]*
24. NAME OF CEMETERY OR CREMATORY: Mt. Mercy
25. LOCATION: Gary, Ind.
26. DATE SIGNED: May 16, 1964
27. NAME OF HEALTH OFFICER: *[Signature]*
28. ADDRESS: 3280 Grand Canyon 5/13/64
29. FEDERAL DIRECTOR: John A. Pruzin
30. ADDRESS: Gary, Ind.

Disposition Permit Issued
Provisional Certificate
Yes No

Funeral Director's License No. 9
A B II - 4-24-63 Revised 1964

dpm 53136 gr Scott
64-0637

Indiana 10
Lake Co. Realty

46-231-10
May 13 1964

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STATE OF INDIANA
LAYE COUNTY
FILED FOR RECORD

STATE OF INDIANA
LAYE COUNTY
FILED FOR RECORD

DEC 9 2 03 PM '69

ANDREW J. MICHENKO
RECORDER

CERTIFIED COPY
By Rosalynn...
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE NOV 21 1969