

58888



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

Row for State Office Use

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Funeral Director's License No. 2124

Funeral Director's Name: Rowland McColly

Funeral Director's License No. 5123

Funeral Home: Golfmoor I, 1 Bl. 8

Disposition Form: Burial

Precedential Certificate:  Yes  No

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

Local No. **63-1388** Malt & Sons Wash 626 W. State Street No. 177 THE P.S. CO.

1. PLACE OF DEATH a. COUNTY Lake b. CITY, TOWN, OR LOCATION Gary

2. USUAL RESIDENCE a. STATE Indiana b. COUNTY Lake c. CITY, TOWN, OR LOCATION Gary d. STREET ADDRESS 1240 W. 36th Ave.

3. NAME OF HOSPITAL OR INSTITUTION Methodist

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

5. NAME OF DECEASED Anna Lepiesch

6. SEX F 7. COLOR OR RACE white 8. DATE OF BIRTH April 4, 1884 9. AGE (in years last birthday) 79 10. MONTH 6 11. DAY 9 12. MINUTE 00

13. FATHER'S NAME John Slobodnik 14. SOCIAL SECURITY NO. NO 15. MOTHER'S MAIDEN NAME Anna ?

16. INFORMANT'S NAME George Lepiesch 17. INFORMANT'S ADDRESS 1240 W. 36th Ave., Gary, Ind. 18. RELATIONSHIP TO DECEASED Son

19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Uremia  
DUE TO (b) Nephrosclerosis  
DUE TO (c) \_\_\_\_\_  
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_  
PART II. OTHER IMPORTANT CONTRIBUTING FACTORS (If not related to the principal disease mentioned in Part I (a).)  
Diabetes mellitus and arteriosclerotic heart disease

20. INTERVAL BETWEEN ONSET AND DEATH 7 days  
21. WAS AUTOPSY PERFORMED? YES  NO

22. ACCIDENT  SUICIDE  HOMICIDE  23. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.) \_\_\_\_\_

24. TIME OF INJURY Hour \_\_\_\_\_ Minute \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

25. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK  26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

27. CITY, TOWN, OR LOCATION Gary COUNTY Lake STATE Indiana

28. ATTENDING PHYSICIAN: I certify that I attended the deceased from 1957 to 13 Oct and last saw him alive on 13 Oct Death occurred at 7:30 P.M. (C.S.T.) on the date stated above, and to the best of my knowledge, from the cause stated.

29. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that death occurred at \_\_\_\_\_ (C.S.T.) from cause stated and on above date.

30. SIGNATURE John T. Slansky MD 31. ADDRESS 4431 Broadway 32. DATE MONED 14 Oct 63

33. NAME OF CEMETERY OR CREMATORY Calumet Park 34. LOCATION Crown Point, Ind.

35. DATE REC'D BY LOCAL HEALTH OFFICER 10-15-63 36. SIGNATURE OF HEALTH OFFICER [Signature] 37. FUNERAL DIRECTOR Linton & McColly, Gary, Ind

38. ADDRESS \_\_\_\_\_

Form Approved Budget Bureau No. 65-2178

58538

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**STOP**



*Handwritten initials*

*PN200*

**CERTIFIED COPY**  
*W. Mastabloom*  
**HEALTH COMMISSIONER  
CITY OF GARY, IND.**  
DATE ..... **001-1-9-1908**