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LAKE COUNTY TITLE COMPANY
DIVISION OF CHICAGO TITLE INSURANCE COMPANY
INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Local No. **670** Death No. **038**

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **ELIZABETH JANE STEVENSON** 2. **F** 3. **Oct. 8, 1969**

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) **White** AGE—LAST BIRTHDAY (YEARS) Mo. **41** UNDER 1 YEAR Mo. **5** UNDER 1 DAY Hours **11** MIN. **49** DATE OF BIRTH **11/9/1928** COUNTY OF DEATH **Lake**

CITY, TOWN, OR LOCATION OF DEATH **East Chicago** INSIDE CITY LIMITS (SPECIFY YES OR NO) **7c. Yes** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **DOA St. Catherine Hospital E. Chgo. Ind.**

STATE OF BIRTH (IF NOT IN U.S.A.) **Illinois** CITIZEN OF WHAT COUNTRY **USA.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **10. Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **11. Thomas J. Stevenson**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER **12. Unknown** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, IF RETIRED) **13a. Housewife** KIND OF BUSINESS OR INDUSTRY **13b. Own Home**

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. **Indiana** 14b. **Lake** 14c. **East Chicago** 14d. **Yes** 14e. **North**

STREET AND NUMBER **14f. 1206 Beacon St. East Chicago, Ind. 46312** IS RESIDENCE ON A FARM? YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **Matthew Flick** 16. **Pauline Spisak**

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. **Thos. J. Stevenson** 17b. **Husband** 17c. **1206 Beacon St. E. Chgo. Ind.**

DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (d), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) **Pulmonary Congestion**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STANDING THE UNDERLYING CAUSE LAST (b) **Undetermined**

OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (c) **None**

AUTOPSY (YES OR NO) 19a. **Yes** IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. **Yes**

ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART II, ITEM (b)) (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

20a. **None** 20b. **None** 20c. **M** 20d. **Chest fell on decedent.** 20e. **1206 Beacon Street East Chicago**

CORONER'S CERTIFICATION: R—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE (b) STATED.

DEATH OCCURRED AT (HOUR) MONTH DAY YEAR HOUR DATE SIGNED (MONTH, DAY, YEAR)

21a. **3:00** 21b. **10** 21c. **10-9-69**

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)

22a. **Edw. L. C. Broomes MD.** 22b. **[Signature]**

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. **2400 Bower** **East Chicago** **Indiana** **46312**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER

24a. **Burial** 24b. **St. Mary Cemetery** 24c. **Evergreen Park, Illinois** 24d. **154**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24e. **Oct. 11, 1969** 24f. **J.S. McGuan & Sons Mortuary 3438 Fir St. E. Chgo. Ind.**

FUNERAL DIRECTOR—SIGNATURE SIGNATURE OF HEALTH OFFICER DATE RECEIVED BY LOCAL HEALTH OFFICER

25a. **[Signature]** 25b. **E. J. Campagna MD.** 25c. **October 10 1969**