

594088

Unit 31 - Hyd 5-10-5  
Surprise Park and Lake  
all of 8.8.10  
LAKESIDE HEALTH COMMISSION  
LAKE COUNTY HEALTH COMMISSION

594088

INDIANA STATE BOARD OF HEALTH  
Division of Vital Records

CERTIFICATE OF DEATH

Local No. 72

7410 W. 143rd Rd  
Cedar Lake, In  
46303

Death No.

1. PLACE OF DEATH a. CITY (If outside corporate limits, write RURAL) b. COUNTY		2. USUAL RESIDENCE (If deceased lived in institution, indicate before admission) a. STATE b. COUNTY	
3. CITY (If outside corporate limits, write RURAL) OF DEATH		4. STREET ADDRESS (If rural, give location)	
5. NAME OF DECEASED a. (Last) b. (First) c. (Middle)		6. DATE (Month) (Day) (Year) OF DEATH	
7. COLOR OF RACE a. (Race) b. (Color)		8. DATE OF BIRTH a. (Month) (Day) (Year) b. (Age) (in years) (If under 1 year, give in months and days)	
9. OCCUPATION (If deceased was in military service, give branch and grade) a. (Occupation) b. (Address of business or profession)		10. BIRTHPLACE (State or foreign country)	
11. FATHER'S NAME a. (Name) b. (Address)		12. MOTHER'S MAREM NAME a. (Name) b. (Address)	
13. SOCIAL SECURITY NO.		14. CITIZENSHIP a. (Country) b. (State)	

15. CAUSE OF DEATH a. (Disease or condition) b. (Directly leading to death)		MEDICAL CERTIFICATION Acute Coronary Occlusion		INTERVAL BETWEEN CAUSE AND DEATH 15 minutes	
16. ANTIMORPHIC DIVISION a. (Name) b. (Address)		17. HEALTH OFFICER a. (Name) b. (Address)		18. DATE SIGNED 3-14-55	

19. PLACE OF BURY a. (City, town or township) b. (County) c. (State)		20. HOW AND WHEN BURY OCCURRED a. (Date) b. (Time)	
21. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		22. LOCATION Gary, Indiana	
23. SIGNATURE OF HEALTH OFFICER Peter Stecy, M. D.		24. GENERAL DIRECTOR George A. Burns	

CSF

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AUG 12 11 57 AM 1955  
REC'D 21 512

STATE OF INDIANA  
LARRY GUY ELLIOTT  
CLERK