

594143

17-72-1  
Property Shows L. I. Bl. 2  
Indiana State Board of Health  
Division of Vital Records  
Case No. 494-63 594143 MEDICAL CERTIFICATE OF DEATH

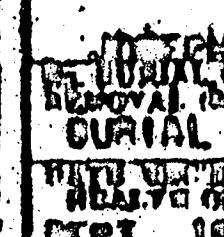
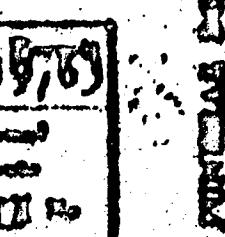
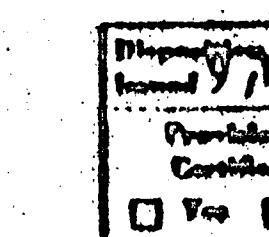
Actress Allison Pierce  
46 Michigan Avenue  
Lakeview 36-342

TYPE OF FIRM PLAINTIFF'S UNFADING INC THIS IS A <b>FILED</b>		1. PLACE OF DEATH A. COUNTY HOBART		2. PLACE OF DEATH B. STATE INDIANA	
3. CITY, TOWN, OR VILLAGE HOBART		4. AGE IN YEARS 22 YEARS		5. CITY, TOWN, OR VILLAGE HOBART	
6. NAME OF HOSPITAL OR INSTITUTION 200 HENRY STREET		7. MANNER OF DEATH 200 HENRY STREET		8. MANNER OF DEATH 200 HENRY STREET	
9. PLACE OF DEATH MANUFACTURED		10. EXISTENCE OF MANUFACTURED		11. EXISTENCE OF MANUFACTURED	
12. NAME JOHN		13. NAME DAVISON		14. NAME DEATH DECEMBER 15, 1963	
15. SEX MALE		16. COLOR OR RACE WHITE		17. DATE OF BIRTH JAN. 3, 1896	
18. FROM WHICH CAUSE OF DEATH RETired		19. DISEASE U. S. STEEL		20. DEATH 67	
21. PATIENT NAME ROBERT C. SATSON		22. PATIENT NAME MARY E. MORT		23. PATIENT NAME CHARLES M. CALIE	
24. ADDRESS 200 HENRY STREET HOBART, INDIANA		25. RELATIONSHIP TO DECEASED WIFE		26. RELATIONSHIP TO DECEASED WIFE	
27. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (1) CARDIAC STANDSTILL		28. DISEASE CARDIAC ENLARGEMENT; CORONARY OCLOSIS		29. DISEASE IMMEDIATELY PRECEDING DEATH RHEUMATIC HEART DISEASE	
30. DISEASE PART II. DEATH WAS CAUSED BY: PROFOUND AORTIC VALVE STENOSIS; PROSTATE; GASTRIC RESECTION (1955)		31. DISEASE DUE TO HL		32. DISEASE 30 + YEARS PERIOD PERIOD TODAY	
33. PLACE OF INJURY HOME AT WORK		34. CITY, TOWN, OR VILLAGE HOBART, INDIANA		35. CITY, TOWN, OR VILLAGE HOBART, INDIANA	
36. ATTENDING PHYSICIAN: I certify that I attended the deceased from 9-1963 and have no knowledge of any cause of death except as stated above. I.O.T. to the deceased above, and to the best of my knowledge, from no cause.		37. HEALTH OFFICER: I certify that I examined the cause of death and that the death occurred on 10-03-1963. I.O.T. to the deceased above, and to the best of my knowledge, from no cause.		38. DATE ENROLLED 1953	
39. CEREMONY CERIAL COPT. 10, 1963		40. PLACE OF CEREMONY GARAGE		41. ADDRESS 201 MAIN ST. HOBART, INDIANA	
42. DATE OF DEATH NOV. 19, 1963		43. PLACE OF CEREMONY OAK RIDGE		44. ADDRESS OAK RIDGE, INDIANA	
45. PLACES OF BURIAL OCT. 19, 1963		46. PLACES OF BURIAL OCT. 19, 1963		47. PLACES OF BURIAL OCT. 19, 1963	
48. SIGNATURE OF MEDICAL OFFICER DANIEL C. BERNGESE, MD		49. SIGNATURE OF MEDICAL OFFICER DANIEL C. BERNGESE, MD		50. SIGNATURE OF MEDICAL OFFICER DANIEL C. BERNGESE, MD	

STATE OF INDIANA  
LAKE COUNTY  
FILE FOR RECORD

WILLIAM BIELSKI JR.  
RECODER

AUG 12 1980



P.D. 1968 - Boarded by O. O. Department of Health, Indiana and Indiana. Form Approved Under Control No. 00-0000