

619820

TYPE OR PRINT
PLAINLY WITH
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THIS IS
PERMANENT
RECORD

Review for State Office Use

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THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

Disposition Permit
Issued 1/1
Provisional
Certificate
 Yes No

Unit 14 Hwy 70 19-HA-1-2 E Hwy Real Estate Co

FEB 26 1981

LICENSE No. 1659

EMBALMER'S NAME Gloria Brady

FUNERAL DIRECTOR'S
LICENSE No. 1813

FUNERAL DIRECTOR'S
SIGNATURE *Therese Brady*

619820 7

Local No.

TYPE OR PRINT
OR PRINT
OR PRINT
PERMANENT
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
OR
D.O.

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

FILE
90

1. DECEASED - NAME Hattin C. Papka		SEX Female	DATE OF DEATH February 9, 1981
2. RACE White	AGE - Last Birthday 90 YRS.	DATE OF BIRTH January 1, 1891	CITY, TOWN OR LOCATION OF DEATH Porter
3. STATE OF BIRTH Indiana	CITY OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married	11. HOSPITAL OR OTHER INSTITUTION Fountain View Nursing Home
4. SOCIAL SECURITY NUMBER 307-50-3113 J1	13. USUAL OCCUPATION Nursing	12. WITH BUSINESS OR INDUSTRY Hospital	12. IN PATIENT Inpatient
5. RESIDENCE - STATE Indiana	6. COUNTY Lake	7. CITY, TOWN OR LOCATION Lake Station	13. IS DECEASED OF SPANISH OR SCENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
8. STREET AND NUMBER 2200 Vermillion St/	9. IS DECEASED OF SPANISH OR SCENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10. FATHER - NAME John Papka	10. MOTHER - MARRIED NAME Sophia Papka
11. INFORMANT - NAME Hazel Papka	11. MARITAL ADDRESS 2200 Vermillion St., Lake Station, IN 46405	12. BIRTHPLACE Portage IN	13. EDUCATION IN
14. BURIAL, CREMATION, REMOVAL, OTHER Burial	14. CEMETERY OR CREMATORY - FUNERAL HOME Calvary Cemetery	15. FUNERAL HOME - NAME AND ADDRESS Brady Funeral Home 3781 Central Ave., Lake Station, IN 46405	16. DATE February 11, 1981
17. NAME OF ATTENDING PHYSICIAN Vijay Dave, M.D.	17. MAILING ADDRESS - PHYSICIAN VIJAY DAVE, M.D., INC. CARDIOLOGY 3290 GRANT STREET GARY, INDIANA 46408	18. DATE RECEIVED BY LOCAL HEALTH OFFICER 2-18-81	19. SIGNATURE OF PHYSICIAN <i>Vijay Dave</i>
20. HEALTH OFFICER W. P. Roberts	20. SIGNATURE OF HEALTH OFFICER <i>W. P. Roberts</i>	21. CAUSE OF DEATH Acute Cardiorespiratory arrest A.S.T.D.	22. PART 1

619820

PORTER COUNTY HEALTH DEPT.
Valparaiso, Indiana
THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD

A. Babcock MD
HEALTH OFFICER