620462

(12)

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

Below for State Office Use

620462

Local No. 1048-76

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

292

PERMANENT INK. SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

DECEASED—NAME: 1. GEORGE (FIRST) MIDDLE LAST: MESARCH JR. — SEX: 2. MALE — DATE OF DEATH (MONTH, DAY, YEAR): 3. 9-12-76

RACE: 4. WHITE — AGE—LAST BIRTHDAY (YEARS): 5a. 68 — UNDER 1 YEAR: 5b. MOS. DAYS — UNDER 1 DAY: 5c. HOURS MIN — DATE OF BIRTH (MONTH, DAY, YEAR): 6. 2-25-1908 — COUNTY OF DEATH: 7a. LAKE

CITY, TOWN, OR LOCATION OF DEATH: 7b. HOBART — INSIDE CITY LIMITS (SPECIFY YES OR NO): 7c. YES — HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 7d. ST. MARY'S HOSPITAL

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): 8. PENN. — CITIZEN OF WHAT COUNTRY: 9. U.S. — MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ] — SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): 10. 11.

SOCIAL SECURITY NUMBER: 12. 317-09-2101 — USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): 13a. RETIRED — KIND OF BUSINESS OR INDUSTRY: 13b. ANDERSON COMPANY

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

RESIDENCE—STATE: 14a. INDIANA — COUNTY: 14b. LAKE — CITY, TOWN OR LOCATION: 14c. GARY — INSIDE CITY LIMITS (SPECIFY YES OR NO): 14d. YES — TOWNSHIP: 14e.

STREET AND NUMBER: 14f. 4938 WASHINGTON ST. — 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO — IS RESIDENCE ON A FARM? 14h. YES [ ] NO [X]

PARENTS

FATHER—NAME: 15. GEORGE (FIRST) MIDDLE LAST: MESARCH SR. — MOTHER—MAIDEN NAME: 16. ANNA (FIRST) MIDDLE LAST: YAROS

INFORMANT—NAME: 17a. MARY MESARCH — RELATIONSHIP: 17b. WIFE — MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 17c. 4938 WASHINGTON ST. GARY, INDIANA

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE (a) Respiratory failure

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

DUE TO, OR AS A CONSEQUENCE OF: (b) Carcinoma of lung with brain

DUE TO, OR AS A CONSEQUENCE OF: (c) Metastasis

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE — AUTOPSY YES [ ] NO [ ] 19a.

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES [ ] NO [ ]

DATE & TIME OF DEATH (MONTH, DAY, YEAR, HOUR): 20. 9-12-76 10:00 p.m. — DATE SIGNED (MONTH, DAY, YEAR): 21a. 9 - 16 - 1976

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: 22a. Veera Porapalboon, M.D. — SIGNATURE OF PHYSICIAN: 22b. Veera Porapalboon, MD — PHY. CODE NO.

MAILING ADDRESS—PHYSICIAN (STREET OR R.F.D. NO.): 23. 7895 Broadway, P.O. Box 8138 — CITY OR TOWN: Merrillville, In. 46410 — STATE — ZIP

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY): 23a. BURIAL — CEMETERY, CREMATORY, FUNERAL HOME: 24b. CALUMET PARK CEM. — LOCATION (CITY OR TOWN, STATE): 24c. MERRIVILLE, INDIANA

DATE (MONTH, DAY, YEAR): 24d. 9-16-76 — FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 25a. OLESKA FUNERAL HOME 3934 ELM ST. EAST CHICAGO, INDIANA

HEALTH OFFICER—SIGNATURE: 25b. Peter Stein, MD — DATE RECEIVED BY LOCAL HEALTH OFFICER: 26b. Sept. 21, 1976

113-3

Disposition Permit Issued / /

Provisional Certificate [ ] Yes [ ] No

EMBALMER'S NAME: CHARLES WELLS — FUNERAL HOME No. 155

FUNERAL DIRECTOR'S SIGNATURE: Mary D. Pistrick — LICENSE No. 960

AUDITOR LAKE COUNTY — LICENSE No. 4237

FILED MAR 9 1981

Unit 25 Reg # 45-183-30

Recd Tech

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