

STATE OF INDIANA

30068

624030

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.  
7895 BROADWAY  
MERRILLVILLE, IND. 46410

Local No.

TYPE  
OR PRINTED  
IN PERMANENT  
INK FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

NAME OF DECEASED  
LIVED  
DECEASED  
LOCATED  
INSTITUTION  
REFERENCE  
BEFORE  
ADMISSION

STREET AND NUMBER

IS DECEASED OF SPANISH DESCEND?

YES  NO

PARENTS

FATHER'S NAME

MOTHER'S NAME

RELATIONSHIP

MAKING ADDRESS

CITY OR TOWN

STATE

DATE OF DEATH

NAME OF ATTENDING PHYSICIAN

MAILING ADDRESS - PHYSICIAN

STREET

NAME OF LOCAL HEALTH OFFICE

DATE RECEIVED BY LOCAL HEALTH OFFICE

AGE

POSITION

ALLS

M.D.  
OR  
D.O.

FILED

CAUSE

4 AND  
WHICH CLASS  
ONE TO  
CANCER  
SPARKS AND  
MUSCLE  
CAUSES

14349

DECEASED - NAME		AGE	SEX	WEIGHT	HAIR	SKIN	DATE OF DEATH	PLACE OF DEATH			
RACE	NAME	AGE	SEX	WEIGHT	Hair	Skin	DATE OF DEATH	PLACE OF DEATH			
White	Elizabeth Helen Yackish	69	Female	100	Dark	Normal	8-15-1980	Marion			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION									
Reed Grove		St. Francis Hospital									
STATE OF BIRTH	CITIZEN OF WHICH COUNTRY	WIDOWED, NEVER MARRIED, WIDOWER, DIVORCED	SURVIVING SPOUSE	WAS DECEASED EVER IN ARMED FORCES?							
Illinois	USA	Married	Alexander Yackish	12 NO							
SOCIAL SECURITY NUMBER	USUAL OCCUPATION				NAME OF BUSINESS OR TRADES						
338-01-4698	Clerk				Cleaners						
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION				IS RESIDENT ON A FARM?					
Indiana	Lake	Hammond				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
STREET AND NUMBER		ADDRESS				NAME OF CITY, TEL. NO. & STATE					
419 Huehn St.		419 Huehn St., Hammond, Indiana 46327				yes					
IS DECEASED OF SPANISH DESCEND? IF YES SPECIFY MERICAN, CUBAN, PUERTO RICAN, ETC.											
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
FATHER'S NAME	RELATIONSHIP	MAKING ADDRESS	STREET OR BOX NO.	CITY OR TOWN	STATE	MOTHER'S NAME	RELATIONSHIP	MAKING ADDRESS	STREET OR BOX NO.	CITY OR TOWN	STATE
John	Platz	17				Catherine	Gibber				
INFORMANT - NAME		CEMETERY OR Crematory - FUNERAL HOME				LOCATION					
Alexander Yackish		Haley Casket				Clement City Ill.					
FUNERAL HOME - NAME & ADDRESS		Anthony & Smidowicz, Hammond, Ind.									
DATE		DATE DEATH				HOUR OF DEATH					
8-18-1980		8-18-80									
NAME OF ATTENDING PHYSICIAN											
MAILING ADDRESS - PHYSICIAN											
STREET											
NAME OF LOCAL HEALTH OFFICE											
DATE RECEIVED BY LOCAL HEALTH OFFICE											
AGE											
POSITION											
ALLS											
M.D. OR D.O.											
FILED											
CAUSE											
4 AND WHICH CLASS ONE TO CANCER SPARKS AND MUSCLE CAUSES											
14349											
SBH 06-003 State Form 35430 REV.10/77											
NOT VALID UNLESS MACHINE NUMBERED AND SIGNED WITH MULTICOLOR RIBBON ON THE REVERSE SIDE											

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