

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 981-77

State No. 1-89

645643

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

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST MARJORIE G. COOK			2. SEX FEMALE	3. DATE OF DEATH (MONTH, DAY, YEAR) 8-11-1977
4. RACE WHITE	5a. AGE—LAST BIRTHDAY (YEARS) 70	5b. UNDER 1 YEAR MOB. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) 8-11-1907
7a. HOBART		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) MERCY MEDICAL CENTER	
8. IND.		9. USA	10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) RUSSELL COOK	
12. 304 42 3949		13a. HOUSEWIFE		13b. AT HOME
14a. IND.	14b. LAKE	14c. MERRILLVILLE	14d. YES	14e. ROSS
14f. PO Box 7001, 7295 Catherine St.,		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		14h. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15. EDWIN DINWIDDLE			16. CANDACE BELSHAW	
17a. RUSSELL COOK		17b. HUSBAND	17c. 7295 Catherine St., Merrillville, Ind. 46410	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				
18. IMMEDIATE CAUSE (a) CARDIAC FAILURE				ONE DAY
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) GENERAL ARTERIOSCLEROSIS				YEARS
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) RECURRENT CVA				19a. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. DATE & TIME OF DEATH MONTH DAY YEAR HOUR 8-11-1977 1:44P		21a. DATE SIGNED MONTH DAY YEAR 8-12-1977		
22a. A. J. KRSEK, MD		22b. DR. KRSEK		PHY. CODE NO.
23. 10 N. Michigan		23c. Hobart Ind. 46342		
24a. BURIAL		24b. CALUMET PARK CEM. MERRILLVILLE IND.		
24d. 8-15-1977		25a. GEISEN DR. H, INC. 7905 Broadway, Merrillville, Ind. 46410		
25b. SBH06-003		26a. PETER STECY, MD		26b. 8-12-1977



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

LAKE COUNTY

LAWYERS TITLE INS. CORP. Pt. 7th. S. 15. T. 35 R. 8
7895 BROADWAY
MERRILLVILLE, IND. 46410
THIS CERTIFICATE OF DEATH IS A PUBLIC RECORD AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
#15-2831
MAY 21 1981

EMBALMER'S NAME: C. TALBERT
FUNERAL DIRECTOR'S SIGNATURE: N. J. GEISEN
LICENSE No. 871
FUNERAL HOME: FUNERAL HOME No. 776

Disposition Permit Issued / /

Provisional Certificate
 Yes No