650988

Finance America
4449 Broadway
Gary

TYPE OR PRINT PLAINLY WITH UNFADING INK
THIS IS A PERMANENT

Local No. 970

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 612

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME (First / Middle / Last)	Vera / Shewmaker	2. SEX	Female
3. DATE OF DEATH (Month, Day, Year)	December 21, 1979		
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify)	white	5a. AGE—Last Birthday (Yrs.)	51
5b. UNDER 1 YEAR — MOS. / DAYS		5c. UNDER 1 DAY — HOURS / MINS.	
6. DATE OF BIRTH (Mo., Day, Yr.)	April 26, 1928	7a. COUNTY OF DEATH	Lake
7b. CITY, TOWN OR LOCATION OF DEATH	Hammond	7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	St, Margaret's
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	inpatient		
8. STATE OF BIRTH (If not in U.S.A. name country)	Indiana	9. CITIZEN OF WHAT COUNTRY	USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	married	11. SURVIVING SPOUSE (If wife, give maiden name)	James H, Shewmaker
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	no		
13. SOCIAL SECURITY NUMBER	314-26-7905	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Homemaker
14b. KIND OF BUSINESS OR INDUSTRY			

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

15a. RESIDENCE—STATE	Indiana	15b. COUNTY	Lake
15c. CITY, TOWN OR LOCATION	Hammond		
15d. STREET AND NUMBER	6729 Leland Ave,	15e. IS RESIDENCE ON A FARM?	YES ☐ NO ☒
15f. INSIDE CITY LIMITS (Specify YES or NO)	yes		

15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16. FATHER—NAME (First / Middle / Last)	Roy Duke
17. MOTHER—MAIDEN NAME (First / Middle / Last)	Viola Mickler

DISPOSITION

18a. INFORMANT—NAME (Type or print)	James H, Shewmaker
18b. MAILING ADDRESS (Street or R.F.D. No / City or Town / State / Zip)	6729 Leland Ave, Hammond Indiana 46323
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME	Chapel Lawn Memorial Gardens
19c. LOCATION (City or Town / State)	Schererville, Indiana
20a. DATE (Month, Day, Year)	December 24, 1979
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip)	Bocken Funeral Home, Inc, 7042 Kennedy Hammond, Ind, 46323

M.D. OR D.O.

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a. (Signature) ▶ M. Stasick

21b. DATE SIGNED (Mo., Day, Yr.) 12-26-79

21c. HOUR OF DEATH 5:30pm M

21d. NAME OF ATTENDING PHYSICIAN (Type or Print) M. Stasick, M.D.

21e. MAILING ADDRESS—PHYSICIAN 7330 Indianapolis Blvd., Hammond, Ind.

21f. HEALTH OFFICER—SIGNATURE Franklin D Gonda M.D.

22b. DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 27 1979

CAUSE

23. IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I
(a) UREMIA
DUE TO, OR AS A CONSEQUENCE OF:
(b) CARCINOMATOSIS (Carcinoma of PANCREAS)
DUE TO OR AS A CONSEQUENCE OF:
(c) Pneumonia.

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24. AUTOPSY (Specify Yes or No)

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

DULY ENTERED FOR TAXATION NOV 19 1980 AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD NOV 18 9 52 AM '80 WILLIAM BIELSKI JR RECORDER

SBH 06-003 REV. 10/77 **State Form 36430**

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH FILE WITH THE HAMMOND HEALTH DEPT.

HAMMOND HEALTH COMMISSIONER

Date Issued DEC 27 1979

LICENSE No. 1350

EMBALMER'S NAME John C. Ault

LICENSE No. 1783

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME No. 280

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No