

31431

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____

B _____

C _____

D _____

E _____

F _____

G _____

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I _____

J _____

K _____

FILED

JAN 19 1982

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Disposition Permit
Issued / /

Provisional
Certificate

Yes No

EMBALMER'S NAME..... Ronald Mesarch

FUNERAL DIRECTOR'S SIGNATURE..... [Signature]

FUNERAL HOME..... [Signature]

LICENSE No. 591

FUNERAL DIRECTOR'S LICENSE No. 367

DECEASED

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

FUNERAL HOME No. 776

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED

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

PARENTS

CAUSE

DISPOSITION

15-1747 Pt. W2 NW SE S.3 T.35 R.8 1. E86 AC
(239.33x 4833x 12341x 401.5N.)

LAWYERS TITLE INS. CORP!
INDIANA STATE BOARD OF HEALTH
7895 BROADWAY
MERRILLVILLE, IND. 46410

Local No. 656819

State No. 1539-73

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Stanley C. Durr 2. male 3. December 10, 1977

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY YEAR) COUNTY OF DEATH

4. white 5a. 61 5b. 5c. 6. 12/20/1915. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Hobart 7c. yes 7d. Marcy Medical Center Hobart

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. USA 10. WIDOWED DIVORCED 11. Veronica Kasarda

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 13-07-7849 13a. retired 13b. self employed

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Merrillville 14d. yes 14e. Ross

STREET AND NUMBER 14f. 5802 Vermont 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) IS RESIDENCE ON A FARM?

14f. 5802 Vermont 14g. no 14h. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Carl Dziurdzy 16. Helen Kosowski

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Mrs. Veronica Durr 17b. wife 17c. 5802 Vermont St Merrillville, Ind 46410

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (a) CHRONIC OBSTRUCTIVE AIRWAY DIS 72 hrs

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19a. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. 12 10 1977 6:30AM 21a. 12 12 1977

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. JACK M. KAMEN, M.D. 22b. [Signature] 22c. Gary, Indiana 46402

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 540 Tyler Street

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. burial 24b. Calumet Park Cemetery 24c. Merrillville, Indiana 46410

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. 12/12/1977 25a. Geisen Funeral Home Inc., 7905 Broadway Merrillville, Ind 46410

HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. [Signature] 26a. [Signature] 26b. 12-13-77

SBH06-003