

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

660256 INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST JOSEPH PAUL WISNER			2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) Aug. 1, 1973	
4. RACE White	5a. AGE—LAST BIRTHDAY (YEARS) 66	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) Oct. 16, 1906	7a. COUNTY OF DEATH Porter
7b. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Porter Memorial Hospital		
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Germany		9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Anne (Weber)		
11. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 306-09-6195		12. SOCIAL SECURITY NUMBER 306-09-6195		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Retired Insurance Agent	
14a. RESIDENCE—STATE Indiana		14b. COUNTY Lake	14c. CITY, TOWN OR LOCATION Cary	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	14e. TOWNSHIP Calumet
14f. STREET AND NUMBER 3784 Van Buren St.			14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14h. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

15. FATHER—NAME FIRST MIDDLE LAST JOHN WISNER		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST ANNA (KOBZA)	
17a. INFORMANT—NAME Anne Wisner		17b. RELATIONSHIP Wife	17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 3784 Van Buren, Cary, Ind. 46408

18. PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		WILL RECORD S I M P L Y B E I N F O R M A T I O N I F A V A I L A B L E	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <i>Respiratory failure</i>			
(b) <i>Eventhaling to cause of general body carcinoma</i>			
PART II. OTHER SIGNIFICANT CONDITIONS		19a. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CONDITIONS CONTRIBUTING TO DEATH		19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONDITIONS NOT RELATED TO CAUSE			

FEB 24 1982

20. DATE & TIME OF DEATH Aug. 1, 1973 8 AM				21. DATE SIGNED 8 6 73			
22a. PHYSICIAN'S NAME (TYPE OR PRINT) Robert E. Harvey D.O.				22b. SIGNATURE OF PHYSICIAN <i>Robert E. Harvey</i>			
22c. MAILING ADDRESS—PHYSICIAN 602 Lincolnway, Valparaiso, Indiana 46383				22d. CITY OR TOWN STATE ZIP			

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24. CEMETERY, CREMATORY, FUNERAL HOME Calumet Park		25. LOCATION Merrillville, Indiana	
26. DATE (MONTH, DAY, YEAR) August 3, 1973		27. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) PRUZIN, 6360 Broadway, Merrillville, Indiana			
28. HEALTH OFFICER'S SIGNATURE <i>C. J. de Pragia MD</i>		29. DATE RECEIVED BY LOCAL HEALTH OFFICER 8-10-73			

Disposition Permit Issued / /

Provisional Certificate
 Yes No

Keep # 45-137-23
Jackson Park So Broadway Blvd
All of 22 1976
THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE

FUNERAL HOME No. 245
FUNERAL DIRECTOR'S LICENSE No. 723
Chas. W. Wells
John S. Sargin

PORTER COUNTY HEALTH DEPT.
Valparaiso, Indiana

THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.

E. J. DeStacy

HEALTH OFFICER

