

TYPE OR PRINT  
PLAIN INK  
UNFAIRING INK  
THIS IS A  
PERMANENT  
RECORD

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

State No. 4375  
County 46409

63-0262  
662820

1. PLACE OF DEATH a. COUNTY <b>Lake</b>		1. USUAL RESIDENCE a. STATE <b>Ind.</b>	
b. CITY, TOWN, OR LOCATION <b>Gary</b>		b. CITY, TOWN, OR LOCATION <b>Gary</b>	
3. NAME OF HOSPITAL OR INSTITUTION <b>Methodist</b>		2. STREET ADDRESS <b>272 Bridge St.</b>	
6. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		5. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
7. NAME OF DECEASED (Type or print) <b>Roy F. Quanstrom</b>		1. DATE OF DEATH <b>2/26/63</b>	
8. SEX <b>male</b>	9. COLOR OR RACE <b>white</b>	10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	11. DATE OF BIRTH <b>4/2/1896</b>
10a. OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired Supr.</b>		11. BIRTHPLACE (State or foreign country) <b>Chicago, Ill.</b>	
12. FATHER'S NAME <b>Fred Quanstrom</b>		13. MOTHER'S MAIDEN NAME <b>ANNA ENGBERG</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, on or after... if yes, give year or dates of service) <b>No</b>		14. SOCIAL SECURITY NO. <b>7-00000-1117-718</b>	
15. INFORMANT'S ADDRESS <b>272 Bridge St. Gary, Ind.</b>		15. RELATIONSHIP TO DECEASED <b>Wife</b>	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Heart</b> <b>FILED</b> DUE TO (b) <b>port heart. embolism</b> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) stating the order of living cause last <b>MAR 23 1963</b>			17. INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>1 year</b>
PART II. OTHER IMPORTANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FORMAL DISEASE CATEGORY GIVEN IN PART I (a).			
18. ACCIDENT, SUICIDE, HOMICIDE, OR OTHER. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of form 10.) <b>Auto Accident</b>			
19. TIME OF INJURY <b>11:00 AM</b>			
20. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Garage</b>	
22. CITY, TOWN, OR LOCATION <b>Gary</b>		COUNTY <b>Lake</b>	
STATE <b>Ind.</b>		23. ATTENDING PHYSICIAN: I certify that I attended the deceased from <b>1958</b> to <b>2-25-63</b> and last saw <b>him</b> alive on <b>2-25-63</b> . Death occurred at <b>3:00 PM</b> (C.S.T.) on the date stated above, and to the best of my knowledge, from the causes stated.	
24. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at <b>3:00 PM</b> (C.S.T.) from causes stated and on above date.		25. SIGNATURE <b>E. J. Burns</b>	
26. ADDRESS <b>2717 Wabash Gary, Ind.</b>		27. DATE WORKED <b>2-26-63</b>	
28. MARRIAGE, CREMATION, RE-MOVAL (Specify) <b>burial</b>		29. DATE <b>2/28/63</b>	
30. NAME OF CEMETERY OR CREMATORY <b>Calumet Park</b>		31. LOCATION <b>Gary, Ind.</b>	
32. DATE RECD BY LOCAL HEALTH OFFICER <b>2/27/63</b>		33. SIGNATURE OF HEALTH OFFICER <b>P. J. Louchman, M.D.</b>	
34. SIGNATURE OF FUNERAL DIRECTOR <b>E. J. Burns</b>		35. ADDRESS <b>Burns Memorial Chapel Gary, Ind.</b>	

Edward J. Burns  
 44-235-26  
 Legal Coun. Gary, Ind.  
 696 Sub. - 57 A. 3811 of 32-1-63

1. Hypothesis: Permit Issued / /  
Provisional Certificate  
 Yes  No

FUNERAL DIRECTOR'S LICENSE NO. 42

