

TYPE OR PRINT
PLAINLY IN
UNFAIRING INK
THIS IS A
PERMANENT
RECORD

Edward J. Burns
BURNERS NAME
LICENSE NO. 4704

Provisional Certificate
 Yes No

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

State No. 315
County No. Gary 10409

32
63-0262
No. 63-0262

1. PLACE OF DEATH a. COUNTY <u>Lake</u>		1. USUAL RESIDENCE (Not at deceased's home) a. STATE <u>Ind.</u>	
b. CITY, TOWN, OR LOCATION <u>Gary</u>		b. CITY, TOWN, OR LOCATION <u>Gary</u>	
c. Length of Stay in 1b		c. IS RESIDENCE INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. NAME OF HOSPITAL OR INSTITUTION <u>Methodist</u>		2. STREET ADDRESS <u>272 Bridge St.</u>	
3. IN PLACE OF DEATH INSIDE CITY LIMITS?		3. IS RESIDENCE INSIDE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. NAME OF DECEASED (Type or print) <u>Roy P. Quanstrom</u>		5. DATE OF DEATH <u>2/26/63</u>	
6. SEX <u>male</u>	7. COLOR OR RACE <u>white</u>	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. DATE OF BIRTH <u>4/2/1896</u>
10a. OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Supr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Amer Bridge Co.</u>	
11. FATHER'S NAME <u>Fred Quanstrom</u>		12. MOTHER'S MAIDEN NAME <u>ANNA ENGBERG</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>		14. SOCIAL SECURITY NO. <u>3-12-57-0000</u>	
15. INFORMANT'S ADDRESS <u>272 Bridge St. Gary, Ind.</u>		16. RELATIONSHIP TO DECEASED <u>5-12-57-0000</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic Coma -</u> FILED DUE TO (b) <u>Post mort. embolism</u> CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a) stating the medical listing cause last <u>MAR 22 1963</u>			19. INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>1 year</u>
20. ACCIDENT, INJURY, OR OTHER CAUSE. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>Auto - Lake County</u>			
21. TIME OF INJURY <u>2:30 P.M.</u>			
22. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at work</u>	
24. CITY, TOWN, OR LOCATION <u>Gary</u>		25. COUNTY <u>Lake</u>	
26. STATE <u>Ind.</u>		27. MEDICAL CERTIFICATION	
28. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>1958</u> to <u>2-11-63</u> and last saw <u>him</u> alive on <u>2-25-63</u> . Death occurred at <u>home</u> (C.S.T.) on the date stated above, and to the best of my knowledge, from the cause stated.		29. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at <u>home</u> (C.S.T.) from cause stated and on above date.	
30. SIGNATURE <u>E. J. Burns</u>		31. ADDRESS <u>2717 Wabash Gary, Ind.</u>	
32. MARRIAGE, CREMATION, RE-MOVAL (Specify) <u>burial</u>		33. DATE <u>2/28/63</u>	
34. NAME OF CEMETERY OR CREMATORY <u>Columet Park</u>		35. LOCATION <u>Gary, Ind.</u>	
36. DATE RECD BY LOCAL HEALTH OFFICER <u>2/27/63</u>		37. SIGNATURE OF HEALTH OFFICER <u>P. J. Rosenblum, M.D.</u>	
38. SIGNATURE OF FUNERAL DIRECTOR <u>E. J. Burns</u>		39. ADDRESS <u>Burns Memorial Chapel Gary, Ind.</u>	

FUNERAL DIRECTOR'S LICENSE NO.

CERTIFIED COPY

P. J. Rosenbloom *48*

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE, APR 22 1963