TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office

677904

Local No. 1232-82

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 563

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

1. DECEASED—NAME (First, Middle, Last)	Honour B. Nosker	SEX	Female
3. DATE OF DEATH (Month, Day, Year)	July 31, 1982		
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify)	White	5a. AGE—Last Birthday (Yrs.)	69
5b. UNDER 1 YEAR (Mos. / Days)		5c. UNDER 1 DAY (Hours / Mins.)	
6. DATE OF BIRTH (Mo., Day, Yr.)	8-5-1912	7a. COUNTY OF DEATH	Lake
7b. CITY, TOWN OR LOCATION OF DEATH	Hobart	7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	St. Mary Medical Center
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)	Alabama	9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married	11. SURVIVING SPOUSE (If wife, give maiden name)	Marquis B Nosker
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	no		
13. SOCIAL SECURITY NUMBER	313-01-7229	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Home-maker
14b. KIND OF BUSINESS OR INDUSTRY	None		
15a. RESIDENCE—STATE	Indiana	15b. COUNTY	Lake
15c. CITY, TOWN OR LOCATION	Hobart		
15d. STREET AND NUMBER	2816 West 38th Avenue	15e. IS RESIDENCE ON A FARM? YES ☐ NO XXX	
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 XXX			
16. FATHER—NAME (First, Middle, Last)	Thomas Watkins (deceased)	17. MOTHER—MAIDEN NAME (First, Middle, Last)	Martha Cool (deceased)
18a. INFORMANT—NAME (Type or print) RELATIONSHIP	Marquis B Nosker, husb.	18b. MAILING ADDRESS (Street or R F D No., City or Town, State, Zip)	2816 W. 38th Ave., Hobart, IN 46342
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Burial	19b. CEMETERY OR CREMATORY—FUNERAL HOME	Evergreen Cemetery
19c. LOCATION (City or Town, State)	Hobart, IN		
20a. DATE (Month, Day, Year)	8-4-1982	20b. FUNERAL HOME—NAME AND ADDRESS (Street or R F D No., City or Town, State, Zip)	Rees Funeral Home, Inc., 600 W. Ridge Rd., Hoba IN 46342
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature)	Jerold N Chip	21b. DATE SIGNED (Mo., Day, Yr.)	8-3-82
21c. HOUR OF DEATH	4:00 P.M.		
21d. NAME OF ATTENDING PHYSICIAN (Type or Print)	JEROLD N. CHIP M.D.		
21e. MAILING ADDRESS—PHYSICIAN	7863 BROADWAY, MERRILLVILLE, IN. 46410		
22a. HEALTH OFFICER—SIGNATURE	Peter Levy M.D.	22b. DATE RECEIVED BY LOCAL HEALTH OFFICER	8-9-82

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

PART I

(a) Acute Myocardial Infarction — Interval between onset and death:

DUE TO, OR AS A CONSEQUENCE OF:

(b) Arteriosclerotic Heart Disease — Interval between onset and death:

DUE TO OR AS A CONSEQUENCE OF:

(c) — Interval between onset and death:

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

AUTOPSY (Specify Yes or No): 24. No

SBH 06-003 State Form 35430
REV.10/77

FILED
AUG 6 1982
LAKE COUNTY HEALTH DEPT.

LICENSE No. 1982

FUNERAL DIRECTOR'S LICENSE No. 2014

FUNERAL HOME No. 306

LAKE COUNTY HEALTH COMMISSIONER

EMBALMER'S NAME J. Krause

FUNERAL DIRECTOR'S SIGNATURE

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Rec'd Pkt
1122
#18-260-22

WILLIAM BRESSER RECORDER

STATE OF INDIANA LAKE COUNTY

4:00