

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

688095

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.  
7895 BROADWAY  
MERRILLVILLE, IND. 46410  
32873  
65

Local No. 1709-79

FUNERAL HOME  
No. 789

EMBALMER'S NAME  
FUNERAL DIRECTOR'S  
SIGNATURE

EMBALMER'S NAME  
FUNERAL DIRECTOR'S  
SIGNATURE

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED  
RESIDENCE  
WHERE DECEASED  
OCCURRED IN  
LAST 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

DECEASED—NAME 1 <b>ANGIE STOUT</b>		SEX 2 <b>FEMALE</b>	DATE OF DEATH (MONTH DAY YEAR) 3 <b>DEC. 13, 1979</b>
RACE—(White, Black, American Indian, White/Specific) 4 <b>WHITE</b>	AGE—Last Birthday (Yrs) 5a <b>85</b>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c
CITY, TOWN OR LOCATION OF DEATH 7a <b>HOBART</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not in other place street and number) 7c <b>ST. MARY MEDICAL CENTER</b>	IF HOSP OR INST (Specify) 7d <b>INPATIENT</b>
STATE OF BIRTH (If not in U.S. name country) 8 <b>ILLINOIS</b>	CITIZEN OF WHAT COUNTRY 9 <b>USA</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 <b>WIDOWED</b>	SURVIVING SPOUSE (If wife give maiden name) 11 <b>NONE</b>
SOCIAL SECURITY NUMBER 13 <b>287-20-7496</b>	RESIDENTIAL— STATE 15a <b>IND</b>	USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a <b>HOMEMAKER</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>Home</b>
COUNTY 15b <b>LAKE</b>	CITY, TOWN OR LOCATION 15c <b>LAKE STATION</b>	IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f <b>YES</b>
15e <b>2576 NEWTON</b>			
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST 16 <b>WILLIAM FRANKLIN YEACH</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 <b>MARY ETTA SHIRLEY</b>	
INFORMANT—NAME (If not inform) 18a <b>MILDRED TAYLOR</b>		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE 18b <b>5500 ORCHARD STREET PORTAGE, IND. 46368</b>	
BURIAL—(Cremation, Removal, Other (Specify)) 19a <b>BURIAL</b>		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE 19b <b>GILEAD CEMETERY</b> 19c <b>JOHNSON CO. ILLINOIS</b>	
DATE (MONTH, DAY, YEAR) 20a <b>DEC 16, 1979</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO CITY OR TOWN STATE) 20b <b>ENGEL 2700 WILLOW CREEK RD. PORTAGE, IN. 46368</b>	
21a (Signature) <b>John O. Carter M.D.</b>		21b DATE SIGNED (Mo, Day, Yr) <b>12/14/79</b>	
21c NAME OF ATTENDING PHYSICIAN (Type or Print) <b>JOHN O. CARTER</b>		21c HOUR OF DEATH <b>10:24 AM</b>	
21d MAILING ADDRESS—PHYSICIAN <b>2955 S. WISCONSIN ST. HOBART, IND. 46312</b>		22b DATE RECEIVED BY LOCAL HEALTH OFFICER <b>12-14-79</b>	
22a HEALTH OFFICER—SIGNATURE <b>Kenney M.D.</b>		22b	
23 IMMEDIATE CAUSE (ENTER THE CAUSE PER LINE FOR EACH LINE) PART I (a) <b>Pulmonary Edema</b>		Interval between onset and death <b>72 hr</b>	
(b) <b>arteriosclerotic Heart Disease</b>		Interval between onset and death <b>unknown</b>	
(c) <b>arteriosclerosis</b>		Interval between onset and death <b>unknown</b>	
PART II (List all other conditions—Conditions contributing to death but not related to cause given in PART I) <b>Hypertension - Cerebral vascular insufficiency</b>		24 AUTOPSY (Specify Yes or No) <b>1/4</b>	

Below for State Office Use  
DEC 14 1979  
Director, Bureau of Vital Statistics  
N. 15th St. 2nd Fl.  
all of 29/8/79  
Key # 20-59-31

Disposition Permit  
Issued  /  /   
Provisional Certificate  
 Yes  No