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THIS IS A
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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

698293

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Ann Rose
2823 Garfield
Hi 46322
816

Local No. 1290-82

State No.

FUNERAL HOME
No. 303

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

501

LICENSE No. AUG 17 1982

EMBALMER'S NAME LAURENCE MILLER

FUNERAL DIRECTOR'S
LICENSE No. 1322

FUNERAL DIRECTOR'S
SIGNATURE
Laurence Miller

FILED
SUN. RES. NO. 1322
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

DISPOSITION
LAKE COUNTY HEALTH ROOM

| | | | |
|---|-------------------------------|---|---|
| 1. DECEASED—NAME FIRST MIDDLE LAST MARIE ROSA | | SEX 2. FEMALE | DATE OF DEATH (MONTH DAY, YEAR) 3. AUG. 15, 1982 |
| 4. RACE—(If not in U.S.A. name country) WHITE | 5a. AGE—(Last Birthday) 77 | 6b. UNDER 1 YEAR MOS DAYS | 6c. UNDER 1 DAY HOURS MINS |
| 7a. CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE | | 7b. HOSPITAL OR OTHER INSTITUTION—Name (If not in index, give street and number) ROSS CARE CENTER | |
| 8. STATE OF BIRTH (If not in U.S.A. name country) WISC. | | 9. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 11. SURVIVING SPOUSE (If wife, give maiden name) | |
| 12. SOCIAL SECURITY NUMBER | | 13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER | |
| 14a. RESIDENCE—STATE IND. | | 14b. COUNTY LAKE | |
| 15a. CITY, TOWN OR LOCATION HIGHLAND | | 15b. STREET AND NUMBER 2823 GARFIELD | |
| 16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input type="checkbox"/> | | 17. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 18. FATHER—NAME FIRST MIDDLE LAST JACOB VERMAAT | | 19. MOTHER—MAIDEN NAME FIRST MIDDLE LAST ANNA PORTER | |
| 20. INFORMANT—NAME (Type or print) MARIE SPORMAN DAUGHTER | | 21. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 8545 PARRISH HIGHLAND, IND. 46322 | |
| 22. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL | | 23. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE ELMWOOD CEMETERY HAMMOND, IND. | |
| 24. DATE (MONTH DAY, YEAR) AUG. 18, 1982 | | 25. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) FAGEN-MILLER FUNERAL GARDENS, INC. HIGHLAND, IND. 46322 | |
| 26. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated Signature: R.A. Horavessian M.D. | | 27. DATE SIGNED (Mo., Day, Yr.) 8/17/82 | |
| 28. NAME OF ATTENDING PHYSICIAN (Type or Print) R.A. Horavessian M.D. | | 29. HOUR OF DEATH 11:30 AM | |
| 30. MAILING ADDRESS—PHYSICIAN | | 31. HEALTH OFFICER—SIGNATURE Lee Tracy M.D. | |
| 32. DATE RECEIVED BY LOCAL HEALTH OFFICER 8-17-82 | | 33. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNOBLYING CAUSE LAST ORGANIC BRAIN Syndrome | |
| 34. PART I (a) DUE TO, OR AS A CONSEQUENCE OF Central arteriosclerosis | | 35. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Parkinsonism | |
| 36. PART I (b) DUE TO, OR AS A CONSEQUENCE OF Parkinsonism | | 37. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) | |
| 38. PART I (c) DUE TO, OR AS A CONSEQUENCE OF | | 39. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) | |
| 39. CAUSE | | 40. AUTOPSY (Specify Yes or No) 400 | |