

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

Key 27-19-51  
W1851 N2 NES 705189  
EX 5, 230.5  
S27736R7  
#2342

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

68 *Charles E. Dougherty*  
101 East 67th Street  
The Woodlands  
State No. ....

Local No. 475-83

DATE OF DEATH (MONTH DAY YEAR)  
Mar. 24, 1983

Below for State Office Use

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FUNERAL HOME No. 750

LICENSE No. 94  
EMBALMER'S NAME  
FUNERAL DIRECTOR'S SIGNATURE  
FUNERAL DIRECTOR'S SIGNATURE

DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  
LAKE COUNTY HEALTH COMMISSION

DECEASED - NAME 1 <b>Janice M. Mushmushian</b>		SEX <b>Female</b>	DATE OF DEATH (MONTH DAY YEAR) <b>Mar. 24, 1983</b>
RACE - (See instructions) <b>White</b>	AGE - Last birthday 6a <b>46</b>	DATE OF BIRTH (Mo. Day Year) 6 <b>11-4-1937</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH 7a <b>Munster</b>		HOSPITAL OR OTHER INSTITUTION (Name if not in other box above and number) 7c <b>The Community Hospital</b>	IF HOSP OR INST indicate DOA or Inst on separate slip 7d <b>Inpatient</b>
STATE OF BIRTH (If not in U.S.A. name country) <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 <b>Married</b>	SURVIVING SPOUSE (If only give maiden name) 11 <b>Peter Mushmushian Sr.</b>
SOCIAL SECURITY NUMBER 13 <b>303-36-4053</b>		USUAL OCCUPATION (Give kind of work done during most of working life even if discontinued) 14a <b>Home Maker</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>Domestic</b>
RESIDENCE - STATE 15a <b>Indiana</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>Highland</b>	IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d <b>9405 Kleinman Rd.</b>		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify city or no) 15f <b>Yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 16 <b>Gaston Bannister</b>		MOTHER - MAIDEN NAME 17 <b>Valvia Maddon</b>	
INFORMANT - NAME (Type or print) 18a <b>Peter Mushmushian HUS.</b>	RELATIONSHIP 18b <b>HUS.</b>	MAILING ADDRESS 18c <b>9405 Kleinman Rd. Highland, Indiana</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Cremation</b>	CEMETERY OR CREMATORY - FUNERAL HOME 19b <b>Oakland Memory Lane</b>	LOCATION 19c <b>Dolton, Ill.</b>	
DATE (MONTH DAY YEAR) 20a <b>Mar. 25, 1983</b>	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b <b>Kuiper Funeral Home 9039 Kleinman Rd., Highland, Ind</b>		
To the best of my knowledge all occurred at the time, date and place due to the cause listed: 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo. Day Year) 21b <b>3-24-83</b>	HOUR OF DEATH 21c <b>1:00 PM</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <b>Peter Gray M.D.</b>		<b>FILED</b>	
MAILING ADDRESS - PHYSICIAN 21e		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>3-24-83</b>	
HEALTH OFFICER SIGNATURE 22a <i>[Signature]</i>			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 PART I (a) <b>Acute Respiratory Failure</b>		INTERVALS IN CAUSE RELATIVE TO ONSET AND END Interval between onset and death	
PART I (b) <b>Pneumonia both lower lobes</b>		Interval between onset and death	
PART I (c) <b>Abundant fibrillation with rapid ventricular response</b>		Interval between onset and death	
PART II <b>Massive Obesity Hypoventilation Syndrome</b>		AUTOPSY (Specify Yes or No) 24	

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