

Rec: L. 16, Bl. 3, Broadway Gardens, City of Gary, Lake Co., Ind., Pl. Bk. 19,
p. 14, Lake County, Indiana.

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
K _____
L _____

Disposition Permit Issued / /
Provisional Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No

EMBALMER'S NAME Ronald Mesarch LICENSE No. 591

FUNERAL DIRECTOR'S NAME *Robert J. Hoover* LICENSE No. 367

FUNERAL HOME *Geisen*

Local No. *1600*
756-75

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS				DECEASED—NAME		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. John		F.		Mills		2. Male	3. July 20, 1975		
4. White		5a. AGE—LAST BIRTHDAY (YEARS)	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)		7a. COUNTY OF DEATH		
7b. Hobart		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
8. Indiana		9. USA		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
12. 313-07-2941		13a. SOCIAL SECURITY NUMBER		13b. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		13c. KIND OF BUSINESS OR INDUSTRY			
14a. Indiana		14b. Lake		14c. CITY, TOWN OR LOCATION		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)		14e. TOWNSHIP	
14f. 1710 W 53rd Ave		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		14h. IS RESIDENCE ON A FARM? (If yes, give war or dates of service)		14i. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
PARENTS			15. FATHER—NAME		16. MOTHER—MAIDEN NAME				
			Robert Mills		Vernettie Drake				
			17a. Mrs. Audrey Mills		17b. Wife		17c. 1710 W 53rd Ave., Merrillville, Ind 46410		
PART I. DEATH WAS CAUSED BY:				[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE				(a) <i>LEKE B RAYPOLLAR accident</i>				200.	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST				(b) <i>DIABETES</i>					
CAUSE				(c) <i>HYPERTENSION</i>					
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)				CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
								19a. YES <input type="checkbox"/> NO <input type="checkbox"/>	
								IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE & TIME OF DEATH		MONTH		DAY		YEAR		HOUR	
20. 7 20 1975		7 P		M.		21a. JULY 21 1975			
22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE				22b. SIGNATURE OF PHYSICIAN				PHY. CODE NO.	
22a. R. A. Hovanesian				22b. <i>R. A. Hovanesian</i>					
23. MAILING ADDRESS—PHYSICIAN				STREET OR R. F. D. NO				CITY OR TOWN	
23. 7863 Broadway				Merrillville				Indiana 46410	
DISPOSITION		24a. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. CEMETERY, CREMATORY, FUNERAL HOME		24c. LOCATION		STATE	
		24a. Burial		24b. Calumet Park Cemetery		24c. Merrillville, Indiana			
		24d. DATE (MONTH, DAY, YEAR)		24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R. F. D. NO., CITY OR TOWN, STATE, ZIP)					
		24d. July 24, 1975		24e. Geisen Funeral Home Inc 7905 Broadway, Merrillville, Indiana 46410					
25b. HEALTH OFFICER—SIGNATURE				25a. <i>Peen Tracy M.D.</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER	
								26b. <i>July 22, 1975</i>	

FILED

8 1983

DECEASED

USUAL RESIDENCE WAS DECEASED OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.