

*Styatt Legal Services
5018 Bridge Blvd
Hammond*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 0

10
TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

KEY 37-39-12
PE SW SW (414.86x105)
S10T36R9 1AC
746777 Local No. 704

FUNERAL HOME
No. 286

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 Verna L. Massengille		2. SEX Female	3. DATE OF DEATH (MONTH, DAY, YEAR) September 1, 1982
4. RACE—(to g. White, Black, American Indian, etc.) (Specify) White	5a. AGE—Last Birthday (Yrs.) 85	5b. UNDER 1 YEAR MOS. DAYS HOURS MINS.	6. DATE OF BIRTH (Mo., Day, Yr.) Nov. 3, 1896
7a. CITY, TOWN OR LOCATION OF DEATH Hammond		7b. HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 3241 - 173rd St.	
7c. STATE OF BIRTH (If not in U.S.A. name country) Missouri		7d. COUNTY OF DEATH Lake	
8. CITIZEN OF WHAT COUNTRY U.S.A.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	10. SURVIVING SPOUSE (If wife, give maiden name) Claude	11. IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Intensive (Specify) N/A
12. SOCIAL SECURITY NUMBER 304-50-4284		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
14. KIND OF BUSINESS OR INDUSTRY Home		15. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION Indiana Lake Hammond	
16. STREET AND NUMBER 3241 - 173rd St.		17. IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19. FATHER—NAME FIRST MIDDLE LAST Lee Kaffenberger		20. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Molly Walzer	
21. INFORMANT—NAME (Type or print) Claude		22. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 3241 - 173rd St. Hammond Indiana 46323	
23. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		24. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE CALVARY CEMETERY LEBANON, MISSOURI	
25. DATE (MONTH, DAY, YEAR) Sept. 4, 1982		26. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Virgil Huber Fun. Home, 7051 Kennedy Hammond, In. 46323	
27. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 21a. (Signature) <i>Daniel T. Ramker</i> DATE SIGNED (Mo., Day, Yr.) 1982		28. NAME OF ATTENDING PHYSICIAN (Type or Print) D.T. RAMKER, I D.T. RAMKER, M.D., M.C. 7040 Kennedy Avenue Hammond, Indiana 46323	
29. MAILING ADDRESS—PHYSICIAN 7040 Kennedy Hammond, Indiana 46323		30. DATE RECEIVED BY LOCAL HEALTH OFFICER SEP 3 1982	
31. HEALTH OFFICER—SIGNATURE <i>Franklin S. Pusuda</i>		32. INTERVAL BETWEEN ONSET AND DEATH 2 days	
33. PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Coronary thrombosis DUE TO, OR AS A CONSEQUENCE OF (b) Generalized arteriosclerosis DUE TO OR AS A CONSEQUENCE OF (c)		34. INTERVAL BETWEEN ONSET AND DEATH 7 yrs	
35. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a) Hypertension		36. AUTOPSY (Specify Yes or No) no	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

Franklin S. Pusuda M.D.
HAMMOND HEALTH COMMISSIONER
SEP 3 1982
Date Issued

EMBALMER'S NAME John Alexander LICENSE No. 1061

FUNERAL DIRECTOR'S SIGNATURE *John Alexander* LICENSE No. 2497

Disposition Permit Issued / /
Provisional Certificate
 Yes No

STATE OF INDIANA
FILED
LAKESIDE
FEB 2 1982
M
FILED
LAKESIDE
FEB 2 1982
M

4/20