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

Below for State Office Use

776028

Local No. 1536-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 DECEASED—NAME: FIRST MARY; MIDDLE LOUISE; LAST VAUGHN

2 SEX: Female

3 DATE OF DEATH (MONTH, DAY, YEAR): August 9, 1984

4 RACE—(e.g. White, Black, American Indian, etc.) (Specify): White

5a AGE—Last Birthday (Yrs.): 54

5b UNDER 1 YEAR: MOS; DAYS

5c UNDER 1 DAY: HOURS; MINS

6 DATE OF BIRTH (Mo. Day Yr.): Mar. 21, 1926

7a COUNTY OF DEATH: Lake

7b CITY, TOWN OR LOCATION OF DEATH: Merrillville

7c HOSPITAL OR OTHER INSTITUTION—Name (If not in either give street and number): Methodist Hospital, Southlake Campus

7d IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify): Inpatient

8 STATE OF BIRTH (If not in U.S.A. name country): Indiana

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11 SURVIVING SPOUSE (If wife, give maiden name): John P. Vaughn

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 314-26-5824

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary - Food Services

14b KIND OF BUSINESS OR INDUSTRY: Methodist Hospital

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

15a RESIDENCE—STATE: Indiana

15b COUNTY: Lake

15c CITY, TOWN OR LOCATION: Lake Station

15d STREET AND NUMBER: 2846 Howard Street

15e IS RESIDENCE ON A FARM? YES ☐ NO ☒

15f INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16 FATHER—NAME: FIRST Aubrey; MIDDLE; LAST Morey

17 MOTHER—MAIDEN NAME: FIRST Mary; MIDDLE; LAST Miller

18a INFORMANT—NAME (Type or print) RELATIONSHIP: John P. Vaughn, Husband

18b MAILING ADDRESS STREET OR R.F.D. NO.; CITY OR TOWN; STATE; ZIP: 2846 Howard Street, Lake Station, IN 46405

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial

19b CEMETERY OR CREMATORY—FUNERAL HOME: Spickard Masonic Cemetery

19c LOCATION CITY OR TOWN; STATE: Spickard, Missouri

20a DATE (MONTH, DAY, YEAR): August 15, 1984

20b FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): FRUM FUNERAL HOME, INC. 1307 Central Ave., Lake Station, IN 46405

M.D. OR D.O.

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated

21a (Signature): B.H. Barai

21b DATE SIGNED (Mo., Day, Yr.):

21c HOUR OF DEATH: 5 AM

21d NAME OF ATTENDING PHYSICIAN (Type or Print): B.H. BARAI M.D.

21e MAILING ADDRESS—PHYSICIAN: 521-E 86th Avenue, Suite A, Merrillville IN 46410

22a HEALTH OFFICER—SIGNATURE:

22b DATE RECEIVED BY LOCAL HEALTH OFFICER: 8-14-84

CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Renal Failure — Interval between onset and death: 2 wks

DUE TO OR AS A CONSEQUENCE OF

(b) Hepatitis — Interval between onset and death: 1 wk

DUE TO OR AS A CONSEQUENCE OF

(c) Carcinoma of Ovary — Interval between onset and death: 1½ yrs.

PART II OTHER SIGNIFICANT CONDITIONS Conditions contributing to death but not related to cause given in PART I (a)

AUTOPSY (Specify Yes or No): 24

SBH 06-003 State Form 35430
REV.10/77

FILED

THIS CERTIFIES THAT THE ABOVE IS A COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

LICENSE No. 100420 COUNTY

EMBALMER'S NAME EUGENE L. FRUM

FUNERAL DIRECTOR'S SIGNATURE Eugene L. Frum

FUNERAL HOME No. 300164

FUNERAL DIRECTOR'S LICENSE No. 19200699

A
B
C
D
E
F
G 19+77 -88
H 30 day #19-77 -88
I 19+77 -88
J 30 day #19-77 -88
K
L
1
2
3 Jaundice 6 days 38
4 Jaundice 6 days 39
5
6
7
8
9
10
11
12 2nd Stage