

782818

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TRUE COPY OF RECORD OF
REGISTRATION ON FILE AT
LA PORTE COUNTY HEALTH
DEPARTMENT.....
State No.

Local No. **1984**

224

DECEASED—NAME FIRST MIDDLE LAST AFRODITI MAURIDES		SEX female	DATE OF DEATH (MONTH DAY YEAR) May 24, 1984 6:44 P.M.
RACE (e.g. White, Black, American Indian, etc.) White	AGE—Last Birthday (Yrs) 89	DATE OF BIRTH (Mo Day Yr) 09/14/1894	COUNTY OF DEATH Laporte
CITY, TOWN OR LOCATION OF DEATH Michigan City		HOSPITAL OR OTHER INSTITUTION—Name (if not in either give street and number) Walters Hospital	
STATE OF BIRTH (if not in U.S.A. name country) Turkey		CITIZEN OF WHAT COUNTRY USA	
SOCIAL SECURITY NUMBER 307-01-0905		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond	
STREET AND NUMBER 7205 Harrison St.		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST Orestes Karageorge		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Ariste unavailable	
INFORMANT—NAME (Type or print) Ann Varellas - Daughter	RELATIONSHIP Daughter	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 1313 Arthur St. Calumet City, IL 60409	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY—FUNERAL HOME Elmwood Cemetery	LOCATION CITY OR TOWN STATE Hammond IN	
DATE (MONTH DAY YEAR) May 30, 1984	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) BURNS-KISH FUNERAL HOMES, 5840 Hobman Ave., Hammond, IN 46320		
To the best of my knowledge, death occurred at the time, date and place and due to the causal stated 21a. (Signature) A. Agrawal		DATE SIGNED (Mo. Day Yr) May 29, 1984	HOUR OF DEATH 6:44 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) A.B. Agrawal M.D.			
MAILING ADDRESS—PHYSICIAN 3714 Franklin St., Michigan City, IN 46360			
HEALTH OFFICER—SIGNATURE James Grecher M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 5-29-84	
IMMEDIATE CAUSE (IF MORE THAN ONE CAUSE PER LINE FOR (a) OR (b)) Acute, progressive cardiorespiratory Failure		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) Severe degenerative osteoarthritis. status post right simple mastectomy for infiltrating duct-cell carcinoma			ATTEST (Specify Yes or No) none

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

FUNERAL HOME
FILED
No. **128**

FUNERAL DIRECTOR'S
LICENSE No. **2380**

FUNERAL DIRECTOR'S
SIGNATURE **Thomas J. Curran**

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.

ISSUED

NOV 29 1984

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

CAUSE

STATE OF INDIANA/S.S. NO. **1146**
LAKE COUNTY RECORD
FILED
DEC 11 1984
WILLIAM J. KIRK JR.
RECORDER

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