

Hold For Merrillville

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

Below for State Office Use

KEY 15-18-79
A E. 100 Ft W 4742.60 Ft
of N. 187.83 Ft of S2
B SE NW 54735R8
C S. 25 ft W STREET

- D _____
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FUNERAL HOME No. 245
 FUNERAL DIRECTOR'S LICENSE No. 723
 EMBALMER'S NAME
 FUNERAL DIRECTOR'S SIGNATURE

791753

Local No. 200-85

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

427

DECEASED - NAME FIRST MIDDLE LAST 1. ELIZABETH BANZEN			SEX Female	DATE OF DEATH (MONTH DAY YEAR) January 29, 1985
RACE - (eg. White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Year)	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (Month Day Year)
4 White	5a 68	5b	5c	6 12-11-1916
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION (Name, if not in other part of certificate)		COUNTY OF DEATH 7a Lake
7c Southlake Methodist Hospital		8d inpatient		
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify for 10)	SURVIVING SPOUSE (If wife, give maiden name)	
8 Indiana	9 USA	10 married	11 Louis Banzen	
SOCIAL SECURITY NUMBER 13 304-12-6592		USUAL OCCUPATION (Give kind of work done during most of working life, name of employer)		KIND OF BUSINESS OR INDUSTRY
		14a Homemaker		14b Home
RESIDENCE--STATE	COUNTY	CITY, TOWN OR LOCATION		
15a Indiana	15b Lake	15c Merrillville		
STREET AND NUMBER 15d 950 West 56th Place			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER--NAME FIRST MIDDLE LAST		MOTHER--MAIDEN NAME FIRST MIDDLE LAST		
16 Michael Hnat		17 Mary Badanish		
INFORMANT--NAME (Type or print) RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP)		
18a Louis Banzen Husband		18b 950 West 56th Place, Merrillville, Ind. 46410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY--FUNERAL HOME		LOCATION CITY OR TOWN STATE
19a Cremation		19b Calvary Cemetery		19c Portage, Indiana
DATE (MONTH DAY YEAR) 20a January 31, 1985		FUNERAL HOME--NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP) 20b PRUZIN BROS. 6360 Broadway, Merrillville, Ind. 46410		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>John T. Scully, M.D.</i>		DATE SIGNED (Month Day Year) 21b 31 Jan 85	HOUR OF DEATH 21c 9:09 AM M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d John T. Scully M.D.		MAILING ADDRESS - PHYSICIAN 21e 7891 Broadway, Merrillville, Indiana 46410		
HEALTH OFFICER (Signature) 22a <i>Carol Johnson</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-1-85	
CONDITIONS IF ANY WHICH LEAD UP TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST				
PART I (a) <i>Carcinomatosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>		
(b) _____		INTERVAL BETWEEN ONSET AND DEATH		
(c) _____		INTERVAL BETWEEN ONSET AND DEATH		
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I (a)) " <i>Scleroderma (CRST Variety) - 1 1/2 years</i>		FEB 13 1985		AUTOPSY (Specify Yes or No) 24 no

RECORDED
 FILED
 10 1 1985
 STATE OF INDIANA

FILED

FEB 13 1985

AUDITOR LAKE COUNTY