

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

Local No. 792551
2076-83

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 012

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Below for State Office Use

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FILED

FEB 20 1983

FUNERAL HOME
No. 242

ADDITIONAL COUNTY

LICENSE No. 968
GENERAL DIRECTOR

EMBALMER'S NAME
H. James Holston

FUNERAL DIRECTOR'S
SIGNATURE
Robert H. Holston

DECEASED

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

LAKE COUNTY HEALTH COMMISSION

M.D.
OR
D.O.

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

CAUSE

| | | | | |
|---|--|---|--|---|
| DECEASED—NAME 1. ADELE L. BARICH | | | SEX 2. FEMALE | DATE OF DEATH (MONTH DAY YEAR) DECEMBER 8, 1983 |
| RACE—(See White, Black, American Indian, etc.) 3. White | AGE—(Last Birthday) 4. 59 | UNDER 1 YEAR 5a. MONTHS | UNDER 1 DAY 5c. HOURS | DATE OF BIRTH (Mo. Day Year) 6. June 29, 1924 |
| CITY, TOWN OR LOCATION OF DEATH 7b. Merrillville | | HOSPITAL OR OTHER INSTITUTION—(Name, if not in index; give street and number) 7c. Broadway Methodist Hospital | | IF HOSP. OR INST. (Indicate DOA, CP, Trans. Rm., Inpatient, Specialty) 8. Inpatient |
| STATE OF BIRTH (Not in U.S.A. name countries) 8. Illinois | CITIZEN OF WHAT COUNTRY 9. USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married | SURVIVING SPOUSE (If wife give her name) 11. Martin R. | WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No |
| SOCIAL SECURITY NUMBER 13. 346 12 2863 | | USUAL OCCUPATION (Specify kind of work done during most of working life, specify if retired) 14a. Proof-Reader | FIND OF BUSINESS OR INDUSTRY Merrillville Herald | |
| RESIDENCE—STATE 16a. Indiana | COUNTY 16b. Lake | CITY, TOWN OR LOCATION 15c. Gary | | |
| STREET AND NUMBER 15d. 4432 Adams Street | | IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INSIDE CITY LIMITS (Specify if not) 15f. YES <input checked="" type="checkbox"/> NO <input 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 16. John McCormick | | MOTHER—MAIDEN NAME 17. Elma Bowen | | |
| INFORMANT—NAME (Type or Print) 18. Martin R. Barich | | RELATIONSHIP Husband | MAILING ADDRESS (Street or R.F.D. No.) 4432 Adams Street | CITY OR TOWN AND STATE Gary, Indiana |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial | | CEMETERY OR CREMATORY—FUNERAL HOME 19b. Chapel Lawn Memorial Gardens | | LOCATION (City or Town and State) Schererville, Ind. |
| DATE (MONTH DAY YEAR) 20a. Dec. 12th, 1983 | | FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town and State ZIP) 20b. Stilinovich & Wiatrolik 4213 Bdwy. Gary, Ind. | | |
| To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) <i>Dr. Allan Abramson</i> | | DATE SIGNED (Mo. Day Year) 21b. 12-13-83 | HOUR OF DEATH 21c. M | |
| NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Dr. Allan Abramson | | | | |
| MAILING ADDRESS—PHYSICIAN 21e. 3290 Grant Street Gary, Indiana | | | | |
| HEALTH OFFICER—SIGNATURE 22a. <i>John M. D.</i> | | | DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 12-14-83 | |
| PART I 27. IMMEDIATE CAUSE (TAKE ONLY ONE CAUSE, PERFORM (a) AND (b)) (a) Ruptured Cerebral Aneurysm. | | | | Interval between onset and death 30 HOURS |
| (b) DUE TO OR AS A CONSEQUENCE OF | | | | Interval between onset and death |
| (c) DUE TO OR AS A CONSEQUENCE OF | | | | Interval between onset and death |
| PART II 28. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 28. COUNTRYP | | | | AUTOPSY (Specify Yes or No) 24. |

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