

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

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No. ....

656

792577

Local No. 306-85

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
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- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

**FILED**

FEB 20 1985

EMBALMER'S NAME: Martin Gabor LICENSE No. 10788  
 FUNERAL HOME: Baran Funeral Home FUNERAL HOME LICENSE No. 726  
 FUNERAL DIRECTOR'S SIGNATURE: Diana Baran FUNERAL DIRECTOR'S LICENSE No. 702

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

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 LEAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1. ANDREW M. KELLAR					2 MALE	FEB. 2, 1985	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)		AGE—(Last Birthday) (Yrs.)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo. Day Yr.)	COUNTY OF DEATH
4. White		5a. 69	5b. MOS	5c. DAYS	HOURS	6. SEPT. 3, 1915	7. LAKE
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number)				IF HOSP OR INST Indicate DOA, OP, (Em. Rm., Inpatient) (Specify)	
7b. MUNSTER		7c. COMMUNITY HOSPITAL				7d. INPATIENT	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr or Yrs)	
8. Indiana	9. U.S.A.	10. Married		11. Mary B. Barlo		12. No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13. 313-01-6366		14. Metals Mechanic (Retired)			American Oil Company		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION				15. RESIDENCE ON A FARM?	
16a. INDIANA	16b. LAKE	15c. (WHITING P.O.) HAMMOND				15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER		15d. 2532 WHITEOAK		15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO)	
15d. 2532 WHITEOAK		15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
16. John				Kellar	17. Mary		Talion
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN STATE ZIP	
18a. Mary B. Kellar, Wife		18b. 2532 Whiteoak Avenue, Whiting, Indiana		46394			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION CITY OR TOWN STATE			
19a. Burial		19b. Calumet Park Cemetery		19c. Merrillville, Indiana			
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS		CITY OR TOWN STATE ZIP			
20a. February 7, 1985		20b. BARAN FUNERAL HOME, 1235-119th St., Whiting, Ind.		46394			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated				DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH	
21a. (Signature) <u>[Signature]</u>				21b. 2-11-85		21c. 9:35 P.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print)				STATE OF INDIANA			
21d. WON-SHICK LOH, M.D.				FEB 20 11 55 AM '85			
MAILING ADDRESS—PHYSICIAN				RECORDED & INDEXED			
21e. 9108 COLUMBIA MUNSTER, IND. 46321				STATE OF INDIANA			
HEALTH OFFICER (Signature) <u>[Signature]</u>				DATE RECEIVED BY LOCAL HEALTH OFFICE			
22a. <u>[Signature]</u>				22b. 2-11-85			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART I		(a) Cardio-pulmonary arrest					
		DUE TO OR AS A CONSEQUENCE OF					
		(b) sepsis					
		DUE TO OR AS A CONSEQUENCE OF					
		(c) Peritonitis					
PART II		OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)					
		coronary artery disease					
						24. AUTOPEY (Specify Yes or No)	
						No	