

TYPE OR PRINT
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THIS IS A
PERMANENT
RECORD

Below for State Office Use

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EMBALMER'S NAME GLORIA BRADY LICENSE No. 1659

FUNERAL HOME 163
FUNERAL DIRECTOR'S SIGNATURE Maria Brady FUNERAL DIRECTOR'S LICENSE No. 1659

792614

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

670

Local No. 311-85

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1		WILLIAM CHESTER McCOWN			2 MALE	3 FEBRUARY 13, 1985	
RACE - (e.g. White, Black, American Indian, etc.) (Specify)		AGE - (Last Birthday) (Year)		DATE OF BIRTH (Mo, Day, Yr)		COUNTY OF DEATH	
4 WHITE		5a 66		6 SEPT. 1, 1918		7 LAKE	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION - (Name of institution, street and number)		IF HOSP OR INST (Indicate DOA OP Emer, Res, Hospital) (Specify)	
7b HOBART				7c ST. MARY MEDICAL CENTER		7d INPATIENT	
STATE OF BIRTH (If not in U.S. A name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 KENTUCKY		9 U.S.A.		10 MARRIED		11 VIVIAN STEELE	
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
13 406-09-0071				14a MAINTENANCE WELDER		14b FABRICATION	
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM? (Specify Yes or No)	
15a INDIANA		15b LAKE		15c LAKE STATION		15d 3730 SCHNEIDER	
STREET AND NUMBER		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)		15i YES	
15d 3730 SCHNEIDER		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15i YES			
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
16		CHESTER McCOWN			17 LAURIE WILKERSON		LAST
INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		STREET OR R.F.D. NO.	
18a VIVIAN McCOWN - WIFE		18b WIFE		18c 3730 SCHNEIDER		LAKE STATION, IN 46405	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION		CITY OR TOWN	
19a REMOVAL/BURIAL		19b EVERGREEN CEMETERY		19c GREENVILLE, KY			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS		(STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)			
20a 2-18-85		BRADY FUNERAL HOME		3781 CENTRAL AVE LAKE STATION, IN			
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 <u>Maria Brady</u>				21b 2-14-85		21c 2:20 PM	
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d N. Ida Durany, M.D.							
MAILING ADDRESS - PHYSICIAN							
21e 3820 Central Ave Lake Station In 46405							
HEALTH OFFICER - SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a <u>[Signature]</u>				22b 2-14-85			
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) Chronic hypotension arrest							
(b) Chronic C.V.A.							
(c) Chronic Bronchitis							
PART II OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not related to cause given in PART I)							
24							

FILED

FEB 20 1985

AUDITOR LAKE COUNTY

RECORDED
FEB 20 1985
2:20 PM
REC'D INDIANA'S
STATE DEPARTMENT OF HEALTH
INDIANAPOLIS, IN
S. NO. 26905

400 Lot 3 - w/ w. 18 ft. Lot 4 & w 6 ft. of Lot 5 B-1 Release 2nd and