

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

2798151 500

Local No. 79-0417

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____
Date of Death (Month, Day, Year)
May 17, 1979

254

Below for State Office Use
KEY 43-320-18
G-RAND CALUMET ADD
LOT 18 + W 5 FT LOT 17
+ B E L F T LOT 19
BLOCK 6

FUNERAL HOME
No. 781
FUNERAL DIRECTOR'S
LICENSE No. 2424

TYPE OR PRINT
IN
PERMANENT
INK
FOR
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.

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

CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST Helen Heseck			SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) May 17, 1979
2. RACE—(e.g. White, Black, American Indian, etc.) Cau	3. AGE—Last Birthday (Year) 61	4. UNDER 1 YEAR MOS. DATE	5. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Mo., Day, Yr.) Feb. 7, 1918
7a. CITY, TOWN OR LOCATION OF DEATH Gary		7c. HOSPITAL OR OTHER INSTITUTION—(Name if not on a street, give street and number) Gary Methodist Hospital		7b. IF HOSP. OR INST. Indicate DOA, Cap., Equip. Rm., Inpatient, Suite, etc. Inpatient
8. STATE OF BIRTH (If not in U.S.A. name country) Indiana	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Anthony Heseck	
12. SOCIAL SECURITY NUMBER 311-05-4471		13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		14. KIND OF BUSINESS OR INDUSTRY
15a. RESIDENCE—STATE Ind.	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Gary		15d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
16. STREET AND NUMBER 5323 W. 3rd Ave. Gary, Indiana 46406			17. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18a. FATHER—NAME FIRST MIDDLE LAST Szabo		18b. MOTHER—MAIDEN NAME FIRST Mary		
19a. INFORMANT—NAME (Type or print) Anthony Heseck		19b. MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN) 5323 W. 3rd Ave. Gary, Indiana 46406		
20a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		20b. CEMETERY OR CREMATORY—FUNERAL HOME Calvary Cemetery		20c. LOCATION (CITY OR TOWN STATE) Portage, Indiana
21a. DATE (MONTH, DAY, YEAR) May 21, 1979		21b. FUNERAL HOME—NAME AND ADDRESS (STREET OR A.F.D. NO., CITY OR TOWN, STATE, ZIP) Rendina Funeral Home, 5100 Cleveland St. Gary, Ind. 46406		
22a. SIGNATURE R. A. Horavessian		22b. DATE SIGNED (Mo., Day, Yr.) 5/18/79		22c. HOUR OF DEATH M
23a. NAME OF ATTENDING PHYSICIAN (Type or Print) E. H. Caldwell, M.D.		23b. MAILING ADDRESS—PHYSICIAN		
24a. HEALTH OFFICER—SIGNATURE E. H. Caldwell, M.D.		24b. DATE RECEIVED BY LOCAL HEALTH OFFICER MAY 18 1979		
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Diabetic KETOACIDOSIS - DUE TO OR AS A CONSEQUENCE OF (b) POSSIBLE CEREBROVASCULAR ACCIDENT DUE TO OR AS A CONSEQUENCE OF (c) ULCER BLEEDING				26. INTERVAL BETWEEN ONSET AND DEATH APR 4 1985
27. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)				28. SIGNATURE (Type or Print) E. H. Caldwell, M.D. HEALTH OFFICER

Disposition Permit
Issued 4/1/79
Provisional
Certificate
 Yes No

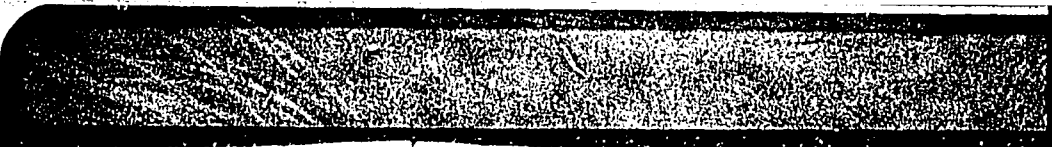
EMBALMER'S NAME Anthony S. Rendina Jr.

FUNERAL DIRECTOR'S SIGNATURE
Anthony S. Rendina Jr.

STATE OF INDIANA
FILED
APR 18 1979
RECORDED
CLAY
COUNTY

FILED

APR 4 1985



1979
MAY 11 DE 9

SECRETARY OF HEALTH
E. N. Caldwell, M.D.

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE MAY-1-8-1979