Hold for George Adam

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

Below for State Office Use

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Key 25-2-47 E. Div. Lot 1 108.6 X 61.6 S.23 T34 R.9 0.152 A

810370

Local No. 180-82

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

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.

LICENSE No. 1607

FUNERAL DIRECTOR'S LICENSE No. 1607

FUNERAL HOME No. 82

LAKE COUNTY HEALTH DEPT.

LICENSE No. 1962

Fred Oparka

Peter Tracy M.D.

FILED

JUL 8 1982

AUDITOR LAKE COUNTY

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

1. DECEASED—NAME (FIRST / MIDDLE / LAST) Marjorie P. Potts		2. SEX Female	3. DATE OF DEATH (MONTH DAY YEAR) January 31, 1982
4. RACE—(e.g. White Black American Indian etc.) (Specify) White	5a. AGE—Last Birthday (Yrs.) 48	5b. UNDER 1 YEAR (MOS / DAYS)	5c. UNDER 1 DAY (HOURS / MINS)
6. DATE OF BIRTH (Mo. Day Yr.) Nov.15,1933	7a. COUNTY OF DEATH Lake		
7b. CITY, TOWN OR LOCATION OF DEATH Crown Point	7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) St. Anthony's Hospital	7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify) InPatient	
8. STATE OF BIRTH (If not in U.S.A. name country) Illinois	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Jim Potts
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No			
13. SOCIAL SECURITY NUMBER 339-22-6920	14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	14b. KIND OF BUSINESS OR INDUSTRY Own Home	
15a. RESIDENCE—STATE Indiana	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Crown Point	
15d. STREET AND NUMBER 7616 Lakeshore Drive	15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒	15f. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒			
16. FATHER—NAME (FIRST / MIDDLE / LAST) Ture E. Anderson	17. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST) Tennanda Larson		
18a. INFORMANT—NAME (Type or print) Jim Potts	RELATIONSHIP Husband	18b. MAILING ADDRESS (STREET OR R.F.D. NO. / CITY OR TOWN / STATE / ZIP) 7616 Lakeshore Dr., Cedar Lake, Indiana 46303	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	19b. CEMETERY OR CREMATORY—FUNERAL HOME German Methodist	19c. LOCATION (CITY OR TOWN / STATE) Cedar Lake, Indiana 46303	
20a. DATE (MONTH, DAY, YEAR) February 3, 1982	20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Eller Brady 8510 Lakeshore Dr., Cedar Lake, Indiana		
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) Mary D. Carroll, M.D.	21b. DATE SIGNED (Mo., Day, Yr.) 2-1-82	21c. HOUR OF DEATH M	
21d. NAME OF ATTENDING PHYSICIAN (Type or Print) MARY D. CARROLL, M.D.			
21e. MAILING ADDRESS—PHYSICIAN EPIC 9 N MAIN ST CROWN POINT IND. 46307			
22a. HEALTH OFFICER'S SIGNATURE Peter Tracy M.D.	22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 2-3-82		
23. PART I (a) (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Cirrhosis with liver failure	Interval between onset and death years		
(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 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Uremia	24. AUTOPSY (Specify Yes or No)		

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD JUL 8 PM '82 RUDOLPH CLAY RECORDER

SBH 06-003 State Form 35430
REV.10/77

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