

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

MARY J. COREY
219 Ct. St.
State No. Hobart 4642

815019 0953

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

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Lake</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Lake</u> | |
| 3. CITY, TOWN, OR LOCATION <u>Gary</u> | | 4. Length of Stay in Ib <u>1 br.</u> | |
| 5. NAME OF HOSPITAL OR INSTITUTION <u>Methodist Hospital</u> | | 6. STREET ADDRESS <u>219 Court St.</u> | |
| 7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 8. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 9. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>L.</u> Last <u>Corey</u> | | 10. DATE OF DEATH Month <u>July</u> Day <u>22</u> Year <u>1963</u> | |
| 11. SEX <u>Male</u> | 12. COLOR OR RACE <u>White</u> | 13. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 14. DATE OF BIRTH <u>August 26, 1907</u> |
| 15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u> | | 16. KIND OF BUSINESS OR INDUSTRY <u>Tin Mills</u> | 17. DEATH PLACE (State or foreign country) <u>Jasper Co., Ill.</u> |
| 18. FATHER'S NAME <u>Edward Corey</u> | | 19. MOTHER'S MAIDEN NAME <u>Mary Brower</u> | |
| 20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 21. SOCIAL SECURITY NO. <u>913-07-4873</u> | 22. INFORMANT'S NAME <u>Mary J. Corey</u> |
| 23. INFORMANT'S ADDRESS <u>219 Court St., Hobart, Ind.</u> | | 24. RELATIONSHIP TO DECEASED <u>Wife</u> | |
| 25. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u> DUE TO (b) <u>Phlebotrombosis of Femoral Vein (Left)</u> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <u>3rd?</u> | | | 26. INTERVAL BETWEEN ONSET AND DEATH <u>3rd?</u> |
| 27a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 27b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II if (a).) | |
| 28. TIME OF INJURY Month <u>Aug</u> Day <u>9</u> Year <u>1963</u> | | 29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 31. CITY, TOWN, OR LOCATION <u>Hobart, Ind.</u> | |
| 32. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>MAY 21, 1963</u> to <u>JULY 1963</u> and last saw him alive on <u>AUG 15, 1963</u> . Death occurred at <u>9:00 AM</u> (C.R.T.) on the date stated above; and to the best of my knowledge, from the causes stated. | | | 33. HEALTH OFFICER: I certify that I investigated cause of death of deceased as I find the death occurred at <u>Hobart, Ind.</u> (C.R.T.) from cause stated and on above date. |
| 34. SIGNATURE <u>Joseph B. Thacker</u> | | 35. ADDRESS <u>201 Main St. Hobart, Ind.</u> | 36. DATE SIGNED <u>July 23, 1963</u> |
| 37a. BURIAL, CREMATION, REMOVAL (Specify) | 37b. DATE | 38. NAME OF CEMETERY OR CREMATORY | 39. LOCATION |
| <u>Burial</u> | <u>7/25/63</u> | <u>Calumet Park</u> | <u>Crown Point Ind.</u> |
| 40. DATE RECD BY LOCAL HEALTH OFFICER <u>JUL 22 1963</u> | | 41. SIGNATURE OF HEALTH OFFICER <u>P. J. Rosenbloom</u> | |
| 42. FUNERAL DIRECTOR <u>W. C. Herman</u> | | 43. ADDRESS <u>Plughoeft Hobart Ind.</u> | |

FUNERAL DIRECTOR'S LICENSE NO. 503

EMBALMER'S NAME David Mayer LICENSE NO. 1204

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Disposition Permit Issued Provisional Certificate

Yes No

RECORDS SECTION
AUG 9 10 31 AM '63
STATE OF INDIANA
COUNTY OF HOBART

010518

VERIFIED COPY

Samuel J. Brady M.D.

HEALTH COMMISSIONER

CITY OF GARY, IND.

DATE FEB 6 1967