

File

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office

825260

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 270-97

State No.

982

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

1. DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
Ann J. Kasonovich					Female	August 3, 1977	
2. RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	1 YEAR DAYS	UNDER 1 DAY HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 52	5b.		5c.		7-5-1925	7a. Lake
3. CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Hobart			7c. YES	7d. 1140 West 10th Place			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Michigan		9. U.S.A.		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Emil Kasonovich	
12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		13b. KIND OF BUSINESS OR INDUSTRY			
12. 310-22-0311		13a. Secretary		13b. Hobart School City			
14a. RESIDENCE—STATE		14b. COUNTY		14c. CITY, TOWN OR LOCATION		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14e. TOWNSHIP
14a. Indiana		14b. Lake		14c. Hobart		14d. YES	14e. Hobart
14f. STREET AND NUMBER			14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14h. IS RESIDENCE ON A FARM? (Yes, no, or unknown)		
14f. 1140 W. 10th Place			14g. NO		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
15. FATHER—NAME		FIRST	MIDDLE	LAST	16. MOTHER—MAIDEN NAME		FIRST
Julian Bogard					Blanche Coblentz		
17a. INFORMANT—NAME			17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY, OR TOWN, STATE, ZIP)		
Emil Kasonovich			17b. Husband		17c. 1140 W. 10th Place, Hobart, IN 46342		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
18. IMMEDIATE CAUSE							
(a) <i>Cardiomyopathy acute</i>							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) <i>Generalized malignant metastases - breast - 6/66</i>							
DUE TO, OR AS A CONSEQUENCE OF:							
(c) <i>Myocardial infarction</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)							
19a. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES <input type="checkbox"/> NO <input type="checkbox"/>	
20. DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	
8-3-1977 6:06 P. M.						21a. Aug. 8, 1977	
22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE				22b. SIGNATURE OF PHYSICIAN		PHY. CODE NO.	
22a. Robert R. Wylie M.D.				22b. <i>Robert R. Wylie M.D.</i>			
23. MAILING ADDRESS—PHYSICIAN				CITY OR TOWN		STATE	
1356 So. Lake Park Ave.				Hobart		Indiana 46342	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN	
24a. Burial		24b. Calumet Park Cemetery		Merrillville, Indiana			
24c. DATE (MONTH, DAY, YEAR)		24d. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
3-8-1977		24d. Lakes Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342					
25a. HEALTH OFFICER—SIGNATURE				25b. DATE RECEIVED BY LOCAL HEALTH OFFICER			
25a. <i>Delia Stoy M.D.</i>				25b. Aug. 11, 1977			

Disposition Permit Issued Provisional Certificate Yes No

FILED

LICENSE NO. 646
 AUG 14 1977
 LAKE COUNTY HEALTH COMMISSIONER
 18-88-23
 # 23
 # 18-88-23
 # 23
 # 23
 # 23

DECEASED
 COUNTY
 THIS ABOVE IS A TRUE AND CORRECT STATEMENT
 COUNTY

RECORDED
 HEALTH DEPT
 AUG 11 1977

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