

TYPE OR PRINT
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UNFADING INK

845503

Local No. 693-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 619

THIS IS A
PERMANENT
RECORD

FUNERAL HOME
No. 300776

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.U.

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

CAUSE

DECEASED - NAME FIRST MIDDLE LAST Margaret M. Jankovich				SEX Female	DATE OF DEATH (MONTH DAY YEAR) 4-9-1985	
RACE - 10 g White Black American Indian or 11 Specify	AGE - Last Birthday (Year) 5a 70	UNDER 1 YEAR MONTHS 5b DAYS	UNDER 1 DAY HOURS 5c MINUTES	DATE OF BIRTH (MONTH DAY YEAR) May 18, 1914	COUNTY OF DEATH Lake	
CITY, TOWN OR LOCATION OF DEATH 7b Crown Point		HOSPITAL OR OTHER INSTITUTION (Name, if not in other part of certificate) 7c St. Anthony Medical Center		IF HOSP OR INST Indicate DOA (Of Emer. Rm. Inpatient) (Specify) 7d Inpatient		
STATE OF BIRTH (If not in U.S.A. Name Country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If not in other part of certificate) 11 Paul Jankovich		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or Year Range) No	
SOCIAL SECURITY NUMBER 13 311-05-5989		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b At Home		
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STREET AND NUMBER 15d 7 Meadow Lane		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f Yes		
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER - NAME FIRST MIDDLE LAST 16 Joseph Veresh		MOTHER - Maiden Name 17 Mary		STATE OF BIRTH 18 Indiana		
INFORMANT - NAME (Type or Print) 18a Paul Jankovich - Husband		RELATIONSHIP 18b - Husband	MAILING ADDRESS 18c 7 Meadow Lane	CITY OR TOWN 18d Merrillville	STATE 18e Indiana	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery		LOCATION 19c Merrillville, Indiana		
DATE (MONTH DAY YEAR) 20a April 12, 1985		FUNERAL HOME - NAME AND ADDRESS 20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, In.		CITY OR TOWN, STATE 20c Merrillville, Indiana 46410		
To the best of my knowledge death occurred on the time, date, and place and cause stated (causals) stated 21a (Signature) Peter E. Gutierrez		DATE SIGNED (M/D/Y) 21b 4/9/85	HOUR OF DEATH 21c 2:15 P.M.			
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Peter E. Gutierrez MD		MAILING ADDRESS - PHYSICIAN 21e 12110 Grant Crown Point, Indiana 46307				
HEALTH OFFICER - SIGNATURE 22a Paul Johnson MD				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 4-16-85		
PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE (ORDIN. 14 AND 15)) 1. Cardio-pulmonary collapse		DUE TO OR AS A CONSEQUENCE OF (b) Cerebral infarct		Interval between onset and death 10 minutes		
PART I (c) DUE TO OR AS A CONSEQUENCE OF (c) Diabetes mellitus				Interval between onset and death 2 weeks		
PART II OTHER SIGNIFICANT FINDINGS (Conditions contributing to death but not related to cause given in PART I (a)) II				Interval between onset and death 15 year		
				AUTOPSY (Specify Yes or No) 24		

SBH 08-003 State Form 35430
REV. 10/77

FILED

Key 15-57-2 & others

MAR 17 1985

AUDITOR LAKE COUNTY

OK 400

CHICAGO TITLE INSURANCE COMPANY

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

APR 10 1985

Keith Dillon

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE
M. J. Johnson

FUNERAL DIRECTOR'S LICENSE No. 200367

LICENSE No. 15-10205-2374

APR 11 1985

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