

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

Below for State Office Use

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

854643

Local No. 76-0994

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Edwin K. Hudson
323 W. 53rd Pl.
Merrillville, Ind. 46410

State No. _____

FUNERAL HOME No. 781

LICENSE No. 1040

FUNERAL DIRECTOR'S LICENSE No. 2424

EMBALMER'S NAME: Anthony S. Bendina, Jr.

FUNERAL DIRECTOR'S SIGNATURE: Anthony S. Bendina, Jr.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Bessie M. Gowin Female 3. Nov. 14, 1976

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. Cau 5a. 78 5b. 5c. Jan. 12, 1898 7a. Lake

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. Gary 7c. Yes 7d. 952 Baker St.

DECEASED STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Illinois 9. U.S.A. 10. WIDOWED DIVORCED 11. Henry H. Gowin

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 312005-9999 B. 13a. Housewife 13b.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Ind. 14b. Lake 14c. Gary 14d. Yes 14e. Calumet

STREET AND NUMBER 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 15 RESIDENCE ON A FARM?

14f. 952 Baker St. No 14h. YES NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. James Laffoon 16. Cora Belle Byers

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Henry H. Gowin 17b. Husband 17c. 952 Baker St. Gary, Indiana 46406

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Coronary thrombosis

(b) Coronary heart disease (Arteriosclerosis)

(c) Diabetic Mellitus

OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

19. Atrial fibrillation

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

19a. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. November 14 1976 6^{PM} 21a. November 15 1976

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. Joseph H. Sala M.D. 22b. Joseph H. Sala M.D. 472600

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 5490 Broadway Merrillville, Indiana 46410

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Calumet Park Cemetery 24c. Merrillville, Ind.

DISPOSITION DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. Nov. 16, 1976 25a. Bendina Funeral Home, 5100 Cleveland St. Gary, Ind. 46408

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. [Signature] 25c. Nov 15 1976

FILED

MAY 19 1986

RECORDS

DATE OF DEATH: NOV 14 1976

864

AMZ 400

James T. Bellick, Jr.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE **MAY 16 1986**