

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

for State Office Use

899173

85-0688

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

899173

Local 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.

CONDITIONS  
IF ANY  
WHICH  
GAVE  
RISE TO  
IMMEDIATE  
CAUSE

CAUSE

FUNERAL HOME

FUNERAL DIRECTOR'S  
LICENSE No.

EMBALMER'S NAME  
FUNERAL DIRECTOR'S  
SIGNATURE

1350

LICENSE No.

John C. Ault

EMBALMER'S NAME

FUNERAL DIRECTOR'S  
SIGNATURE

DECLASD-NAME FIRST MIDDLE LAST Howard L. Cook			SEX Male	DATE OF DEATH (MONTH DAY YEAR) February 5, 1985
FACE (e.g. White or Negro) White	AGE - Last Birthday (Year) 68	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo Day Year) 2/14/1916
CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION - Name (if not in title, give street and number) Methodist Hospital Northlake Campus		IF HOSP (H) INST (I) INCL (D) DOA (D) (Specify Yes or No) Inpatient
STATE OF BIRTH (If not in U.S. name country) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) married	SURVIVING SPOUSE (If wife give maiden name) Helen Stefano	
SOCIAL SECURITY NUMBER 714-01-2427		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Broker	KIND OF BUSINESS OR INDUSTRY Cook Realty	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond		
STREET AND NUMBER 6926 Osborne		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER - NAME FIRST MIDDLE LAST Louis N. Cook		MOTHER - MAIDEN NAME FIRST MIDDLE LAST Lillian M. Krug		
INFORMANT - NAME (Type or Print) Mrs. Helen Cook [Wife]		RELATIONSHIP Wife	MAILING ADDRESS (Street or R.F.D. No. City or Town State ZIP) 6926 Osborne Hammond, Indiana 46323	
BURIAL CHEMATION OTHER (Specify) Burial		CEMETERY OR CHEMATORY - FUNERAL HOME Elmwood Cemetery	LOCATION Hammond, Indiana	
DATE (MONTH DAY YEAR) February 8, 1985		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No. City or Town State ZIP) Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind.		
To the best of my knowledge, death occurred at the time, date and place and due to the cause stated		DATE SIGNED (Mo Day Year) 2/6/1985	HOUR OF DEATH 6:09 p.m.	
NAME OF ATTENDING PHYSICIAN (Type or Print) Birute L. Pumputis, M.D.		STATE OF INDIANA COUNTY OF LAKE CITY OF GARY		
MAILING ADDRESS - PHYSICIAN 6209 W. 25th Avenue Gary, Indiana		DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 6 1985		
PART I (a) IMMEDIATE CAUSE (If not only one cause, give time for (a) and (b)) Myocardial infarction		Interval between onset and death		
(b) DUE TO OR AS A CONSEQUENCE OF Coronary artery disease		Interval between onset and death		
(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) None		AUTOPSY (Specify Yes or No) None		

H. N. Cook's & Madam A 1/2 St 2  
# 32-175-32  
# 32-175-32  
# 32-175-32

John C. Ault  
John C. Ault

11/11/85

*[Handwritten signature]*  
RECEIVED COPY  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE FEB 6 1985