

901598

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP. 43207
7895 BROADWAY
MERRILLVILLE, IN 46410
No.

Local No. 954-77

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME 1. <u>WILLIAM PERRY COX</u>			SEX 2. <u>MALE</u>	DATE OF DEATH: (MONTH, DAY, YEAR) 3. <u>AUG. 3 1977</u>
RACE 4. <u>WHITE</u>	AGE—LAST BIRTHDAY (YEARS) 5a. <u>80</u>	UNDER 1 YEAR MOB. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <u>MAY 29, 1897</u>
CITY, TOWN, OR LOCATION OF DEATH 7b. <u>HOBART</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <u>YES</u>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <u>ST. MARY MEDICAL CENTER</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <u>KENTUCKY</u>		CITIZEN OF WHAT COUNTRY 9. <u>U.S.A.</u>		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. <u>BESSIE MAE BROCKMAN</u>
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 12. <u>313-07-1177</u>		SOCIAL SECURITY NUMBER 13a. <u>STEELWORKER</u>		KIND OF BUSINESS OR INDUSTRY 13b. <u>STEEL MILLS</u>
RESIDENCE—STATE 14a. <u>IND</u>	COUNTY 14b. <u>LAKE</u>	CITY, TOWN OR LOCATION 14c. <u>HOBART</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <u>YES</u>
TOWNSHIP 14e. <u>HOBART</u>		STREET AND NUMBER 14f. <u>1106 W. 41st AVE.</u>		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>
IS RESIDENCE ON A FARM? 14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

FATHER—NAME 15. <u>GEORGE WASHINGTON COX</u>			MOTHER—MAIDEN NAME 16. <u>ANNA MARY SHIVELY</u>		
INFORMANT—NAME 17a. <u>WILLIAM S. COX</u>			RELATIONSHIP 17b. <u>SON</u>	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. <u>209 SO. ASH ST. HOBART, IND 46348</u>	

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

18. IMMEDIATE CAUSE	(a) <u>Acute myocardial infarction</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST	(b) <u>Cardiogenic shock</u>
	(c)
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE
AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>

FEB 11 1987

DATE & TIME OF DEATH <u>Aug. 3, 1977 8:30 P.M.</u>	DATE SIGNED <u>8 4 1977</u>
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AUDITOR, PHYSICIAN'S NAME (TYPE OR PRINT) 22a. <u>R.A. Hovavessian, M.D.</u>	SIGNATURE OF PHYSICIAN 22b. <u>R.A. Hovavessian, M.D.</u>	PHY. CODE NO.
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MAILING ADDRESS—PHYSICIAN 23. <u>7563 Bday Merrillville, Ind 46410</u>	STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
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BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>BURIAL</u>	CEMETERY, CREMATORY, FUNERAL HOME 24b. <u>RIDGE LAWN CEMETERY</u>	LOCATION 24c. <u>GARY, IND.</u>
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DISPOSITION DATE (MONTH, DAY, YEAR) 24d. <u>AUG. 6, 1977</u>	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. <u>OLSON & FRUM 5241 CENTRAL AVE. PORTAGE, IND. 46368</u>
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HEALTH OFFICER—SIGNATURE 25b. <u>Lee J. J. M.D.</u>	DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. <u>8-5-77</u>
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117-3	
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FUNERAL HOME

No. 561

FUNERAL DIRECTOR'S

LICENSE No. 2130

FUNERAL DIRECTOR'S

SIGNATURE

672

RECORDED, LAKE COUNTY, INDIANA

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

J. H. HOO