

villa shores cth add B1 / Lot 12  
1872 7474

901598

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP. 43207  
7895 BROADWAY  
MERRILLVILLE, IN 46410  
State No. 749

Local No. 954-77

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

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. WILLIAM		PERRY		COX	2. MALE	3. AUG. 3 1977	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOB. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. WHITE	5a. 80	5b.	5c.	6. MAY 29, 1897		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. HOBART			7c. YES	7d. ST. MARY MEDICAL CENTER			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		8. BESSIE MAE BROCKMAN	
8. KENTUCKY		9. U.S.A.		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11.	
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. 313-07-1177		13a. STEELWORKER		13b. STEEL MILLS			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. IND		14b. LAKE	14c. HOBART		14d. YES	14e. HOBART	
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. IS RESIDENCE ON A FARM? (Yes, no, or unknown)	
14f. 1105 W. 41st AVE.				NO		2	
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. GEORGE WASHINGTON			COX			16. ANNA MARY SHIVELY	
INFORMANT—NAME			RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
17a. WILLIAM S. COX			17b. SON		17c. 209 SO. ASH ST. HOBART, IND 46342		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
18. IMMEDIATE CAUSE							
(a) Acute myocardial infarction							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST							
(b) Cardiogenic shock							
(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"/>	
						19a. X	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH							
19b. YES <input type="checkbox"/> NO <input type="checkbox"/>							

FILED

FEB 11 1987

DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED		MONTH	DAY	YEAR	
21a. 8-3-77 5:45 P.M.		8	3	77	5:45 P.M.	21a. 8-4-1977		8	4	1977	
AUDITOR LICENSE NAME (TYPE OR PRINT)						SIGNATURE OF PHYSICIAN			PHY. CODE NO.		
22. R.A. Hovavessian, M.D.						22b. R.A. Hovavessian, M.D.					
MAILING ADDRESS—PHYSICIAN						STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23. 7503 Bday						Merrillville		IND.		46410	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME			LOCATION		CITY OR TOWN		STATE		
24a. BURIAL		24b. RIDGELAWN CEMETERY			24c. GARY, IND.						
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS						(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24g. 8, 1977		25a. OLSON & FRUM 5241 CENTRAL AVE. PORTAGE, IND. 46368									
HEALTH OFFICER—SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER					
25b. 11-3						26a. Peter J. J. M.D.		26b. 8-5-77			

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

EMBALMER'S NAME ARTHUR H. OLSON

FUNERAL DIRECTOR'S SIGNATURE  
FUNERAL DIRECTOR'S LICENSE No. 2130

FUNERAL HOME No. 561

LICENSE No. 4374

RICHARD J. BLASTOR  
REORDERER  
LAKE COUNTY  
INDIANA

J. H. HOO