

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. **57983**

1489

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- M _____
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- P _____
- Q _____
- R _____
- S _____
- T _____
- U _____
- V _____
- W _____
- X _____
- Y _____
- Z _____

Hwy #15-24-57 E. 90 ft of W 1120 ft of N 165 ft
 of S. 55 ft of SW 1/4 of NW 1/4 of S. 10 T. 35 R. 2 S. 23 E.

FUNERAL HOME No. **245**
 FUNERAL DIRECTORS LICENSE No. **1448**
 EMBALMER'S NAME **Charles W. Wells**
 FUNERAL DIRECTOR'S SIGNATURE *Charles W. Wells*
 LAKE COUNTY HEALTH DEPARTMENT

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
 DECEASED

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 LEAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME 1 MARY LOUISE BRYANT				SEX Female	DATE OF DEATH (MONTH DAY YEAR) April 5, 1983
RACE 4 White	AGE - Last Birthday (Years) 54	UNDER 1 YEAR 5a MAJ DATE	UNDER 1 DAY 5b HOURS MIN	DATE OF BIRTH (Mo Day Yr) 6 2/26/1929	COUNTY OF DEATH 7 Lake
CITY, TOWN OR LOCATION OF DEATH 7a Merrillville		HOSPITAL OR OTHER INSTITUTION - Name if not in other part (give street and number) 7b 295 E. 68th Ave.		IF HOSP OR INST (specify) (Specify)	
STATE OF BIRTH (State or Possession) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (Name and address) 11 Kenneth R. Bryant		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 308-28-8722		USUAL OCCUPATION (Give kind of work done during most of working life, give firm name) 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b Home	
RESIDENT STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15e 295 E. 68th Ave.		IS RESIDENCE CITY A FARM? 15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15g Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER - NAME (First Middle Last) 16 Jesse E. Brown			MOTHER - MAIDEN NAME (First Middle Last) 17 Ruby Moore		
INFORMANT - NAME (Type or Print) 18a Kenneth Bryant Hus.		RELATIONSHIP 18b Hus.	MAILING ADDRESS (Street or R.F.D. No. City or Town State Zip) 18c 295 E. 68th Ave., Merrillville, Indiana 46410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery	LOCATION (City or Town State Zip) 19c Merrillville, Indiana		
DATE (Month Day Year) 20a April 7, 1983		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No. City or Town State Zip) 20b PRUZIN FUNERAL HOME 6360 Bdwy., Merrillville, Indiana 46410			
To the best of my knowledge, death occurred at the time and place given above on the issuing date. 21a <i>[Signature]</i>		DATE SIGNED (Mo. Day Yr) 21b 4/7/83	HOUR OF DEATH 21c 1240 A M		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Peter Mavelis M.D.		MAILING ADDRESS - PHYSICIAN 21e 7891 Broadway, Merrillville, Indiana 46410			
HEALTH OFFICER SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 4-8-83			
PART I (IMMEDIATE CAUSE) (ENTER ONLY ONE CAUSE PER LINE (a) AND (b)) (Specify between onset and death)					
(a) Respiratory Failure					
(b) Carcinoma of Lung					
PART II (OTHER SIGNIFICANT CONDITIONS) (Conditions contributing to death but not related to cause given in PART I) (Specify between onset and death)					
(i) _____					
(ii) _____					
AUTOPSY (Specify Yes or No) 24 No					

FILED
 FEB 26 1987
 Carol M. Antford
 CLERK LAKE COUNTY