

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

915320

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 482-84

Below for State Office Use

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

FUNERAL HOME
No. 245

EMBALMER'S NAME Wells LICENSE No. 4237

FUNERAL DIRECTOR'S
No. 1448
LICENSE No.

FUNERAL DIRECTOR'S
SIGNATURE

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 STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME FIRST MARY M. HASARA LAST		SEX Female	DATE OF DEATH (MONTH DAY YEAR) March 9, 1984
1 RACE—(e.g. White, Black, American Indian etc.) (Specify)	4 White	AGE—Last Birthday (Yr)	5b 72
UNDER 1 YEAR MON DAYS		UNDER 1 DAY HOURS MINS	
DATE OF BIRTH (Mo Day Yr)		COUNTY OF DEATH	
6 4/6/1911		7a Lake	
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION—(Name if not in other spec. street and number) 7c Methodist Hospital Southlake Cam.	
STATE OF BIRTH (If not in U.S.A. name country) 8 Ohio		CITIZEN OF WHAT COUNTRY 9 USA	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married		SURVIVING SPOUSE (If wife give maiden name) 11 Steve G. Hasara Sr.	
SOCIAL SECURITY NUMBER 12 311-01-8923		USUAL OCCUPATION (If at end of work done during most of life) 14a Cashier (Retired)	
RESIDENCE—STATE 13a Indiana		COUNTY 13b Lake	
CITY, TOWN OR LOCATION 15c Merrillville		KIND OF BUSINESS OR INDUSTRY 14b Pharmacy	
STREET AND NUMBER 15d 5861 Massachusetts St.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 16i YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER—NAME 16 John Lukacs		MOTHER MAIDEN NAME 17 Barbara Oroz	
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Steve G. Hasara Sr. Husband		MAILING ADDRESS (STREET OR R.D. NO.) CITY OR TOWN STATE ZIP 18b 5861 Mass., Merrillville, Indiana 46410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—(Funeral Home) LOCATION CITY OR TOWN STATE 19b Calumet Park Cem. Merrillville, Indiana	
DATE (MONTH DAY YEAR) 20a March 13, 1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.D. NO., CITY OR TOWN STATE ZIP) 20b PRUZIN FUNERAL HOME 6360 Bdwy., Merrillville, Ind. 46410	
To the best of my knowledge, death occurred at the time and place and due to the cause(s) stated 21a (Signature) <i>E. Mirich</i>		DATE SIGNED (Mo Day Yr) 21b 3/13/84	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Ernest C. Mirich M.D.		HOUR OF DEATH 21c 1:18 PM	
MAILING ADDRESS—PHYSICIAN 21e 521 E. 86th Ave., Merrillville, Indiana 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-14-84	
HEALTH OFFICER'S SIGNATURE 22a <i>Jambro Dimitroff, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-14-84	
IMMEDIATE CAUSE 23a Myocardial infarction suspected		Interval between onset and death Immediate	
DUE TO OR AS A CONSEQUENT OF 23b Atherosclerotic heart disease		Interval between onset and death 4 days	
DUE TO OR AS A CONSEQUENT OF 23c		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART II 24a <i>Diabetes Mellitus</i>		AUTOPSY (Specify Yes or No) 24 No	

Key # 15-56-11
Call that to 5/11
Spec. Ask Adk

EMBALMER'S NAME Wells LICENSE No. 4237
FUNERAL DIRECTOR'S SIGNATURE *[Signature]*

RECEIVED
MAY 4 1984
AUSTON LINE COUNTY

How