

This is an official copy of the record of death on file at the Porter County Health Department.

915401

PORTER COUNTY BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

196

*Gary A. Babcock, MD*

Gary A. Babcock, M.D.

EMBALMER'S NAME: William K. Wilson  
FUNERAL DIRECTOR'S SIGNATURE: *Walter Green*  
LICENSE No. 2256  
FUNERAL HOME No. 306  
FUNERAL DIRECTOR'S LICENSE No. 2012

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.		HEALTH OFFICER		CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		CAUSE	
1 DECEASED—NAME FIRST MIDDLE LAST LOUISE VARA		SEX Female		DATE OF DEATH (MONTH DAY YEAR) August 22, 1986		FATHER—NAME FIRST MIDDLE LAST Feliciano Rodriguez, (dec.)		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Macaria Alfaro Loidi, (dec.)		M.D. OR D.O. Raffy Hovanessian, M.D.		HEALTH OFFICER <i>Gary A. Babcock, MD</i>		CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		CAUSE	
2 RACE—(a) White, Black, American Indian, etc. (Specify) White		3 AGE—Last Birthday (Year) 72		4 DATE OF BIRTH—(a) (b) (c) 8-22-1914		5 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		6 SURVIVING SPOUSE (If wife, give maiden name) Alfonso Vara		7 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		DATE SIGNED (Mo. Day Yr.) 8/26/86		DATE RECEIVED BY LOCAL HEALTH OFFICER 8-28-86		INTERVAL BETWEEN ONSET AND DEATH	
8 CITY, TOWN OR LOCATION OF DEATH Valparaiso		9 CITIZEN OF WHAT COUNTRY U.S.A.		10 SOCIAL SECURITY NUMBER 305-50-2905		11 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-maker		12 KIND OF BUSINESS OR INDUSTRY None		13 CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cemetery		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.T.D. NO., CITY OR TOWN, STATE, ZIP) Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-0488		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
14 RESIDENCE—STATE IN		15 COUNTY Lake		16 CITY, TOWN OR LOCATION Hobart		17 STREET AND NUMBER 1121 Lincoln Street		18 IS RESIDENCE ON A FARM? NO <input checked="" type="checkbox"/>		19 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.T.D. NO., CITY OR TOWN, STATE, ZIP) Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-0488		DATE RECEIVED BY LOCAL HEALTH OFFICER 8-28-86		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO <input checked="" type="checkbox"/> Spanish		20 DATE (MONTH DAY YEAR) August 25, 1986		21 NAME OF ATTENDING PHYSICIAN (Type or Print) Raffy Hovanessian, M.D.		22 MAILING ADDRESS—PHYSICIAN 7863 Broadway, Merrillville, Indiana 46410		23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) CARCINOMA OF STOMACH		24 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 23a		DATE RECEIVED BY LOCAL HEALTH OFFICER 8-28-86		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH	
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Key #18-66-11  
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THIS DOCUMENT NOT VALID  
UNLESS STAMPED ON REVERSE SIDE

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