

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

View for State Office Use

Key # 34-342-9 Homestead, Nadine and add
E. 42 ft x 9 E. W. 8 ft x 10 E. 2

015714
229

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 1350

Nadine Burowski

FUNERAL HOME No. 1072
FEDERAL DIRECTOR LICENSE No. 1070
EMERALD'S NAME
FUNERAL DIRECTOR'S SIGNATURE

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Virgil L. McCoy 2. Male 3. 4-6-73

RACE AGE—LAST BIRTHDAY (YEARS) MO. YEAR UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH COUNTY OF BIRTH

4. White 5a. 48 5b. 5c. 9-11-1924 7a. 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. Hammond 7c. Yes 7d. 1725 - 171st Place

STATE OF BIRTH (IF NOT IN U.S.A.) NAME COUNTRY CITIZEN: OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MARRIED NAME)

8. Indiana 9. U.S.A. 10. Nadine Ahlborn

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

11. 305-20-0134 12a. Inspector 12b. Engineering Co.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

13a. Indiana 13b. Lake 13c. Indiana 13d. Yes 13e. North

STREET AND NUMBER 14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) IS RESIDENCE ON A FARM?

14f. 1725 - 171st Place 14g. Yes W.W. 2 14h. No

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—M. DEN NAME FIRST MIDDLE LAST

15. Virgil L. McCoy 16. Esther Prugh

INFORMATION—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Nadine McCoy 17b. Wife 17c. 1725 - 171st Pl., Hammond, Indiana

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

18 IMMEDIATE CAUSE

(a) Myocardial infarction 7

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(b) DUE TO, OR AS A CONSEQUENCE OF 5

(c) DUE TO, OR AS A CONSEQUENCE OF 6

CAUSE

(PART II. OTHER SIGNIFICANT CONDITIONS) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19 YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR (DAY) (MONTH) (YEAR)

20 4 6 73 10 73

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN

21. Louis A. DePorter 22. [Signature]

M. D. OR D. O. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 7905 Calumet Ave. 24. Hunter Indiana 46321

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

25. Burial 26. Concordia 27. Hammond Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

28. 4-10-73 29. C. J. Huber 722-165th St. Hammond, Indiana 46384

30. [Signature] 31. [Signature]

Disposition Permit Issued / /

Provisional Certificate Yes No

RECORDED
INDEXED
MAY 10 1973

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