946580

Katz, Brennan & Angel
7595 Broadway - Ste. R-5
Merr. 46410

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 790

State No.

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

Below for State Office Use

FUNERAL HOME LICENSE No. FDH300-7500

FUNERAL DIRECTOR'S LICENSE No. FDE1011511

EMBALMER'S NAME Ronald A. Reed LICENSE No. FDE1001081

FUNERAL DIRECTOR'S SIGNATURE

DECEASED

1. Name: Mildred M. Morris
2. Sex: Female
3. Date of death (month, day, year): 10-16-87
4. Race: White
5a. Age (last birthday): 74
5b. Under 1 year: Months / Days
5c. Under 1 day: Hours / Minutes
6. Date of birth: Jul. 9, 1913
7. County of death: Lake
7a. City, town or location of death: Hammond
7b. Hospital or other institution: St. Margaret Hospital
7c. If hospital or institution: Inpatient
8. State of birth: Indiana
9. Citizen of what country: U.S.A.
10. Married, never married, widowed, divorced: Widowed
11. Surviving spouse: N/A
12. Was deceased ever in U.S. Armed Forces? No
13. Social Security Number: 306-54-8090
14a. Usual occupation: Home Maker
14b. Kind of business or industry: Own Home
15a. Residence: State: Indiana
15b. County: Lake
15c. City, town or location: Griffith
16a. Street and number: 302 N. Harvey
16b. Is residence on a farm? YES ☐ NO ☒
16c. Inside city limits?
17. Is deceased of Spanish descent? If yes, specify Mexican, Cuban, Puerto Rican, etc.: YES ☐ NO ☒

PARENTS

18. Father: Name: Joseph Plantell
19. Mother: Maiden name: Kathryn Unaye
20a. Informant: Name: Beverly Kennedy Relationship: DAUG.
20b. Mailing address: 1702 Janice Dr. Schererville, Indiana

DISPOSITION

21a. Burial, cremation, removal, other: Burial
21b. Cemetery or crematory, funeral home: Calumet Park Cemetery
21c. Location: Merrillville, Indi
22a. Date: Oct. 19, 1987
22b. Name and address of funeral home: Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana

MD OR DO

23a. Date signed: 10-16-87
23b. Hour of death: 2:45 a.m.
23c. Name of attending physician: C. Levy, M.D.
23d. Mailing address: 7905 Calumet Avenue, Munster, Indiana 46321
24a. Health officer: Ronald A. Reed
24b. Date received by local health officer: OCT 19 1987

CONDITIONS LEAD TO IMMEDIATE CAUSE STATE THE UNDERLYING CAUSE LAST

CAUSE

PART I
(a) Metastatic Carcinoma of the Colon.
Due to or as a consequence of
(b)
Due to or as a consequence of
(c)

PART II
Other significant conditions contributing to death but not related to part I
24. Autopsy?

SBH 06-003 State Form 35430
REV 10/77

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.
OCT 19 1987
Date Issued
HAMMOND HEALTH COMMISSIONER

Woodland Lab
2-12 130.6
Key # 26-1/62-12

NOV 2 8 08 AM '87
STATE BOARD OF HEALTH
LAKE COUNTY RECORDER

2/60