

6 CC's
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. 1175-87

DECEASED - NAME 1 BLANCHE E. GRANT			SEX 2 Female	DATE OF DEATH (MONTH DAY YEAR) 3 June 10, 1987
RACE 4 White	AGE - Last Birthday (YRS) 5a 64 yrs.	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (MONTH DAY YEAR) 6 MARCH 9, 1923
CITY, TOWN OR LOCATION OF DEATH 7a Hobart		HOSPITAL OR OTHER INSTITUTION 7c St. Mary Mercy Medical Center		IF HOSP OR INST. MAKE USE OF THIS SPACE FOR INSTITUTION'S REPORT 7d Inpatient
STATE OF BIRTH (in case of U.S.A. name of state) 8 Gary, Ind.	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE (in case of remarriage) 11 Donald W. Grant	
SOCIAL SECURITY NUMBER 13 317-20-9783		USUAL OCCUPATION (if of work done during most of last year) 14a Hospital Employee		KIND OF BUSINESS OR INDUSTRY 14b St. Anthony Medical Center
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Lake Station		STATE OF RESIDENCE AT TIME OF DEATH 15d Indiana
STREET AND NUMBER 15d 2852 Huntington Street			IS RESIDENCE ON A FARM? 15e <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSIDE CITY LIMITS? 15f <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FATHER - NAME 16 George Ellis		MOTHER - MAIDEN NAME 17 Anna Schwalbe		
INFORMANT - NAME (Type or Print) 18 Donald W. Grant - HUSBAND		RELATIONSHIP 19 HUSBAND		
MAILING ADDRESS 20 2852 Huntington Street, Lake Station, Indiana 46405		CITY OR TOWN 21 Lake Station, Indiana		
DISPOSITION 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery		LOCATION 19c Merrillville, Indiana
DATE (MONTH DAY YEAR) 20a June 12, 1987		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b BURNS FUNERAL HOME, 701 E. 7th St., Hobart, Ind. 46342		
To the best of my knowledge and belief, at the time and place and due to the cause(s) stated 21a (Signature) <i>[Signature]</i>		DATE SIGNED (MO. DAY YR.) 21b 6/18/87	HOUR OF DEATH 21c 12:37 P.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d KRISHNAN POTTI, MD		MAILING ADDRESS - PHYSICIAN 21e 8300 Broadway, Merrillville, Indiana 46410		
HEALTH OFFICER - SIGNATURE 22a <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 6-18-87	
PART I 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) (a) Cerebrovascular Accident		Interval between onset and death		
(b) arteriosclerotic Cerebrovascular disease		Interval between onset and death		
(c) atrial fibrillation		Interval between onset and death		
PART II 24 OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not stated as cause(s) in Part I atrial fibrillation		AUTOPSY (Specify Yes or No) 24		

FILED 953186
Local No. 1175-87

TYPE OR PRINT NAME OF FUNERAL HOME
FUNERAL HOME NO. 238-1987
DECEASED
FUNERAL DIRECTOR'S LICENSE NO. 1374

EMBALMER'S NAME
DAVID C. MAYER
FUNERAL DIRECTOR'S SIGNATURE
[Signature]

Below for State Office Use
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2852 Huntington

STATE OF INDIANA
FILED
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