

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

Below for State Office Use

**FILED**

APR 8 1988

FUNERAL HOME  
161  
116

LICENSE NO. 1120  
*Ann M. D. Dwyer*  
AUDITOR-LAKE COUNTY

FUNERAL DIRECTOR'S  
SIGNATURE

FUNERAL HOME

DECEASED

LEGAL NOTICE  
HEREIN REQUIRED  
BY A DEATH  
CERTIFICATE  
FILED IN  
INDIANA, AND  
REPRODUCED  
HEREIN

DISPOSITION

880  
080

CAUSE

971841

Local No. 201782

LAKE COUNTY BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

State No.

|  |  |  |   |
|--|--|--|---|
| DECEASED NAME<br><b>MARY ELLEN EATIDES</b>   |  | SEX<br><b>Female</b>   | DATE OF BIRTH<br><b>December 21, 1982</b> |
| RACE<br><b>White</b>   | AGE<br><b>63</b>   | DATE OF DEATH<br><b>Feb. 10, 1989</b>  | PLACE OF DEATH<br><b>Lake</b>             |
| CITY/TOWN/LOCATION OF DEATH<br><b>Merrillville</b>   | HOSPITAL OR OTHER INSTITUTION<br><b>Broadway Methodist</b> |  | STATUS OF DECEASED<br><b>Inpatient</b>    |
| STATE OF BIRTH<br><b>INDIANA</b>   | COUNTRY OF BIRTH<br><b>U.S.A.</b>                          | MARRIED, NEVER MARRIED, DIVORCED, WIDOWED<br><b>Widowed</b>                                | SUPPORTING SPECIALTY<br><b>None</b>       |
| SOCIAL SECURITY NUMBER<br><b>313-12-6892</b>   | OCCUPATION<br><b>Housewife</b>                             |  | PLACE OF BIRTH OF DECEASED<br><b>Home</b> |
| RESIDENCY STATE<br><b>Indiana</b>  | COUNTY<br><b>Lake</b>                                      | CITY/TOWN/VILLAGE<br><b>Lake Station</b>   |   |
| STREET AND NUMBER<br><b>2445 Decatur Street</b>  |  | APARTMENT OR ROOM NUMBER<br><b>101</b>   |   |
| NAME OF SPANISH SPOKING LANGUAGE<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO            |  |  |   |
| SPOUSE NAME<br><b>JOHN BROWN</b>   |  | SPOUSE MARRIED NAME<br><b>MARY SCHMIDT</b>   |   |
| NAME AND ADDRESS OF NEXT OF KIN<br><b>Shella Jenkins, Daughter<br/>2445 Decatur Street, Lake Station, IN 46783</b> |  |  |   |
| MANNER OF DEATH<br><b>Burial</b>   |  | PLACE OF BURIAL<br><b>Calvary Cemetery, Portage</b>  |   |
| DATE OF DEATH<br><b>December 24, 1982</b>  |  | PLACE OF DEATH<br><b>FRAN FUNERAL HOME, INC., 1307 Central Av., Ellettsville, IN 46105</b> |   |
| SIGNATURE OF PHYSICIAN<br><i>Waldemar K. Goring</i>  |  |  |   |
| SIGNATURE OF FUNERAL DIRECTOR<br><i>P. J. Tracy, M.D.</i>  |  |  |   |
| CAUSE OF DEATH<br><i>Carcinoma of lung</i>   |  |  |   |

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

APR 8 1988

LAKE COUNTY HEALTH COMMISSIONER

983

LILLIAN A. BEASTICK  
RECORDER, LAKE COUNTY  
CROWN POINT, INDIANA 46037  
2-8-89-161 #

LAKE COUNTY  
FILED FOR RECORD

APR 10 1 34 PM '88

*At Sub. E. Dwyer  
A 101 Rt 5 Bl 5  
Old Rt 5 Bl 5  
M 211*

*Blaisy Stillman  
2-6-89  
Vandalburg  
Lake Station*