

Pauline Bednar

973326

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 83

PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

KEY 29-103-4
ASTANDARD ADD
LOT 4 BLOCK 4

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FUNERAL HOME No. 729

FUNERAL DIRECTOR'S LICENSE No. 965

EMBALMER'S NAME Henry Blake

FUNERAL DIRECTOR'S SIGNATURE *Henry Blake*

DECEASED - NAME 1 <u>Anna</u> <u>Bednar</u>		SEX <u>Female</u>		DATE OF DEATH MONTH-DAY-YEAR <u>2-17-1983</u>	
RACE <u>White</u>		AGE - LAST BIRTHDAY <u>54</u> <u>67</u>		DATE OF BIRTH MONTH-DAY-YEAR <u>1-28-1916</u>	
CITY, TOWN OR LOCATION OF DEATH <u>East Chicago</u>		HOSPITAL OR OTHER INSTITUTION <u>St. Catherines</u>		COUNTY OF DEATH <u>Lake</u>	
STATE OF BIRTH <u>In.</u>		CITIZEN OF WHAT COUNTRY <u>Lake</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>	
SOCIAL SECURITY NUMBER <u>305-62-3596</u>		USUAL OCCUPATION <u>Housewife</u>		SURVIVING SPOUSE <u>Edward G. Bednar</u>	
RESIDENCE - STATE <u>In.</u>		COUNTY <u>Lake</u>		CITY, TOWN OR LOCATION <u>Whiting</u>	
STREET AND NUMBER <u>1613 Ohio</u>		IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		APR 19 1983 2:51 PM '83	
PARENTS					
FATHER - NAME <u>Michael</u>		MOTHER - MAIDEN NAME <u>Mary</u>		RELATIONSHIP <u>daughter</u>	
MARRIAGE ADDRESS <u>1613 Ohio</u>		CITY OR TOWN <u>Whiting</u>		STATE <u>In.</u>	
DISPOSITION		BURIAL, CREMATION, REMOVAL, OTHER SPECIFY		CEMETERY OR CREMATORY - FUNERAL HOME <u>St. Marys Cemetery</u>	
DATE <u>2-21-1983</u>		FURNERAL HOME - NAME AND ADDRESS <u>Owens Funeral Home</u>		CITY OR TOWN <u>Whiting</u>	
M.D. OR D.O.		NAME OF ATTENDING PHYSICIAN <i>[Signature]</i>		DATE SIGNED MONTH-DAY-YEAR <u>2-24-83</u>	
M.A.I.N.G. ADDRESS - PHYSICIAN		HEALTH OFFICER - SIGNATURE <i>E.A. Campagna M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <u>2-24-83</u>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE		IMMEDIATE CAUSE <u>Sepsis</u>		INTERVAL BETWEEN ONSET AND DEATH	
STATE THE UNDERLYING CAUSE LAST		UNDERLYING CAUSE <u>Bacterial meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I		PART II <u>Bacterial meningitis, multiple sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	

FILED

APR 19 1983

Anna N. Anton
AUDITOR LAKE COUNTY

RECORDER, LAKE COUNTY,
CROWN POINT, INDIANA 46307