

1. PLACE OF DEATH a. COUNTY Lake		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Indiana b. COUNTY Lake	
6. CITY, TOWN, OR LOCATION Gary		c. Length of Stay in 1b 43 years	
d. NAME OF HOSPITAL OR INSTITUTION Methodist Hosp.		e. CITY, TOWN, OR LOCATION Gary	
7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last KATHERINE EVANOFF		4. DATE OF DEATH Month Day Year 3-19-1958	
5. SEX female	8. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-15-1886
9. AGE (In years last birthday) 71		11. BIRTHPLACE (State or foreign country) Greece	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY self	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Manol Stumbus		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service. no		16. SOCIAL SECURITY NO. -	
17a. INFORMANT'S NAME Boris Evanoff		17b. RELATIONSHIP TO DECEASED son	
18. INFORMANT'S ADDRESS 1521 Conn. St.		19. INTEREST BETWEEN CONSORTS REPRODUCED	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebrovascular accident. DUE TO (b) hypertensive heart disease DUE TO (c) FILED Pulver's arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a), (b), and (c). APR 28 1988			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19) APR 28 1988			
21. TIME OF INJURY Hour a. m. p. m. Anna N. Anton		22. CITY, TOWN, OR LOCATION AUBURN LAKE COUNTY	
23. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. CITY, TOWN, OR LOCATION GARY COUNTY LAKE STATE INDIANA	
25. ATTENDING PHYSICIAN: I certify that I attended the deceased from JAN. 1958 and last saw her alive on 3/19/58 . Death occurred at M (C.S.T.) on the date stated above; and to the best of my knowledge from the causes stated.		26. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at M (C.S.T.) from causes stated and on above date.	
27a. Signature of Attending Physician or Health Officer Muston B. Bergoe, MD		27b. ADDRESS 757 Broadway One Gary	
28a. BURIAL, CREMATION, REMOVAL (Specify) burial		28b. DATE 3-22-1958	
29a. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		29b. LOCATION Gary, Indiana	
30. DATE REC'D BY LOCAL HEALTH OFFICER 3-20-58		31. SIGNATURE OF HEALTH OFFICER S. L. Bandy	
32. FUNERAL DIRECTOR ACH & STILINOVICH		33. ADDRESS GARY, INDIANA	

BROADWAY APP. 4.17 BC. 2
KEY # 41-133-17

FUNERAL DIRECTOR'S LICENSE No. 1582

STATE OF INDIANA
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APR 28 3 29 PM '88
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CERTIFIED COPY
Samuel J. Brady, M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE *3-29-58*