

5cc
 TYPE OR PRINT
 PLAINLY WITH
 UNFADING INK
 THIS IS A
 PERMANENT
 RECORD

40 983019

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

46417
 LAWYERS TITLE INS. CORP.
 7895 BROADWAY
 MERRILLVILLE, IN 46410
 State No.

Local No. 85 0196

Form for State Office

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FILED JUN 18 1988
 JUN 21 1988
 #452
 JAMES F. BURNS
 FUNERAL DIRECTOR'S SIGNATURE
 137 MADISON WAY
 MERRILLVILLE, IN 46410
 LICENSE NO. 49307

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDS
 DECEASED
 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS
 DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
 CAUSE

DECEASED NAME ROSE BERNSTEIN		SEX FEMALE		DATE OF DEATH MONTH DAY YEAR MARCH 12, 1985	
RACE WHITE	AGE 55	UNDER 3 YEAR MONTHS	UNDER 3 YEAR DAYS	UNDER 3 YEAR HOURS	UNDER 3 YEAR MIN.
CITY, TOWN OR LOCATION OF DEATH GARY		HOSPITAL OR OTHER INSTITUTION METHODIST HOSPITAL NORTHLAKE CAMPUS		IF HOSP. OR INST. UNDER DRG. (For Code Use - Inpatient Only) INPATIENT	
STATE OF BIRTH POLAND	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	SUBSEQUENT SPOUSE OR PARTNER'S NAME ARNOLD BERNSTEIN	WAS DECEASED EVER IN U.S. ARMED FORCES? NO	
SOCIAL SECURITY NUMBER 312 28 8958		USUAL OCCUPATION HOUSEWIFE		KIND OF BUSINESS OR INDUSTRY AT HOME	
RESIDENCE - STATE IND.	COUNTY LAKE	CITY, TOWN OR LOCATION GARY		IS RESIDENT ON A FARM? NO	
STREET AND NUMBER 1145 VERMILLION		IS RESIDENT ON A FARM? NO		INSIDE CITY LIMITS (SPECIFY CITY OR TOWN) YES	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO					
FATHER - NAME KOBERNICK		MOTHER - MAIDEN NAME FRIMA HILDA		LAST FILED JUN 21 1988	
INFORMANT - NAME (Type or print) ARNOLD BERNSTEIN HUSB.		MAILING ADDRESS 1145 VERMILLION GARY IND. 46408		STATE IND.	
BURIAL, CREMATION, REMOVAL, OTHER BURIAL		CEMETERY OR CREMATORY, FUNERAL HOME BETHEL CEMETERY		LOCATION PORTAGE, IND.	
DATE MARCH 14, 1985		FUNERAL HOME - NAME AND ADDRESS BURNS FUNERAL HOME, 4286 BROADWAY, GARY, IN 46408		STATE IND.	
To the best of my knowledge, death occurred at the time, place and age stated in the certificate stated. Signature: [Signature]		DATE SIGNED MAR 19 1985		HOUR OF DEATH M	
NAME OF ATTENDING PHYSICIAN DR. BHARAT H. BARAI		MAILING ADDRESS 521 E. 86th AVENUE, MERRILLVILLE, IN 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER MAR 19 1985	
HEALTH OFFICER - SIGNATURE [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER MAR 19 1985		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
PART I IMMEDIATE CAUSE (a) Respiratory Failure		DUE TO OR AS A CONSEQUENT OF		INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
PART I IMMEDIATE CAUSE (b) Continuation of lung with Metastases		DUE TO OR AS A CONSEQUENT OF		INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I				AUTHORITY (Specify Year & No.) 24	

LILLIAN A. BLASTICK
 RECORDER, LAKE COUNTY
 CROWN POINT, IN 46409
 JUN 21 1988

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James A. Williams, MD.
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF CARY, ILLINOIS
DATE MAR 28 1985