

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

990726

Local No. 74-81

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

292

Below for State Office Use

FUNERAL HOME
No. 776

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

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

591
LICENSE No.

ENBALMER'S NAME Ronald Mesarch

FUNERAL DIRECTOR'S SIGNATURE
HEALTH PLAN

DECEASED—NAME FIRST MIDDLE LAST Mary Jo Rice			SEX Female	DATE OF DEATH (MONTH DAY YEAR) January 11, 1981	
RACE—(a) White (b) Black (c) American Indian (d) Other (Specify)	AGE—Last Birthday (Year)	UNDER 1 YEAR MOS DATE	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo Day Yr)	COUNTY OF DEATH
white	50			3-7-1930	Lake
CITY, TOWN OR LOCATION OF DEATH Merrillville		HOSPITAL OR OTHER INSTITUTION—(Name if not in either, give street and number) 7100 Colorado St			IF HOSP OR INST indicate DOA OP, E, or R (Specify)
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
Penn.	USA	married	John B. Rice		No
SOCIAL SECURITY NUMBER 186-24-6041		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
		Housewife		at Home	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM? (Specify Yes or No)	
Indiana	Lake	Merrillville		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 7100 Colorado St		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST George Blosser		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Nellie Ack			
INFORMANT—NAME (Type or print) RELATIONSHIP John B. Rice Husband		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 7100 Colorado St Merrillville, Ind 46410			
DISPOSITION Burial		CREMATION, REMOVAL, OTHER (Specify)		CITY OR TOWN STATE ZIP Merrillville, Indiana	
DATE (MONTH, DAY, YEAR) January 15, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Geisen Funeral Home Inc. 7905 Broadway Merrillville			
To the best of my knowledge death occurred on the time, date and place and was the natural cause		DATE SIGNED (Mo, Day Yr) Jan. 15, 1981		HOUR OF DEATH 8:30	
NAME OF ATTENDING PHYSICIAN (Type or Print) Dennis L. Streeter					
MAILING ADDRESS—PHYSICIAN 1212 N. Broad St Griffith, Indiana					
HEALTH OFFICER—SIGNATURE Peter Steyer 1988				DATE RECEIVED BY LOCAL HEALTH OFFICER 1-15-81	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))					
(a) Cardiac Arrest				Interval between onset and death See.	
DUE TO, OR AS A CONSEQUENCE OF Aortic Coronary Thromboses				Interval between onset and death minute	
(b) Atherosclerotic heart disease				Interval between onset and death Week	
OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to those given in PART I (a) or (b)) Diabetes Mellitus					
No					

LILLIANA BLASICK
RECORDER
LAKE COUNTY
CROWN POINT, INDIANA 46307

FILED

406