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EMBALMER'S NAME: CHARL W. WELLS  
FUNERAL DIRECTOR'S SIGNATURE: [Signature]  
FUNERAL HOME: 4237  
LICENSE No. 937  
FUNERAL HOME No. 245

George Beres

Local No. 68-1717-034850

INDIANA STATE BOARD OF HEALTH

MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

PERMANENT INK SEAL HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Frances J. Beres 2. Female 3. Nov. 29, 1968

RACE AGE—LAST BIRTHDAY (YEARS) MO. DAY UNDER 1 YEAR MOB. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 42 5b. 5 16 5c. 6-13 6. 1926 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH (INSIDE CITY LIMITS (SPECIFY YES OR NO)) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7a. Gary 7c. Yes 7d. Mercy Hospital

STATE OF BIRTH (IF NOT IN U.S.A.) NAME COUNTRY CITIZEN OF WHAT COUNTRY MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. U.S.A. 10. WIDOWED  DIVORCED  11. George Beres

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 310-22-0707 13a. Homemaker 13b. Home

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION (INSIDE CITY LIMITS (SPECIFY YES OR NO)) TOWNSHIP

14. Indiana This Document is the property of the Lake County Recorder. 14a. Casumet

STREET AND NUMBER 15a. 4021 Marvland St. 15b. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 15c. RESIDENCE ON A FARM? (If yes, give acreage)

PARENTS

15. Burl Stingley 16. Helen Beres

RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. mother 17c. 911 So. 28th St. Lafayette, Ind

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE (a) UREMIA (b) CHRONIC RENAL FAILURE (c) HYPERTENSIVE PYELONEPHRITIS

DO TO, OR AS A CONSEQUENCE OF: (a) (b) (c)

OTHER SIGNIFICANT CONDITIONS OR OTHER CAUSES OF DEATH: (a) (b) (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 54 years

CONDUCTED IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

APR 11 1960

RECORDED

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

23. 12 2 1968

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)

23a. Dr. Robert H. Halley, M.D. 23b. Robert H. Halley M.D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23c. 4655 Broadway Gary Indiana

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Springvale 24c. Lafayette, Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. Dec. 3, 1968 24e. Pruzin Funeral Home 6360 Broadway Gary, Ind. 46409

HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25a. [Signature] 25b. DEC 3 1968

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**STOP**



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*P. J. Rosenbloom M.D.*

HEALTH COMMISSIONER  
CITY OF GARY, IND.

DATE . . . . DEC. 10, 1968 . . . .

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