

308 BEIGE AVE, PORTAGE 46368 INCC

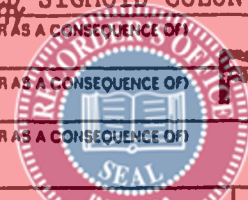
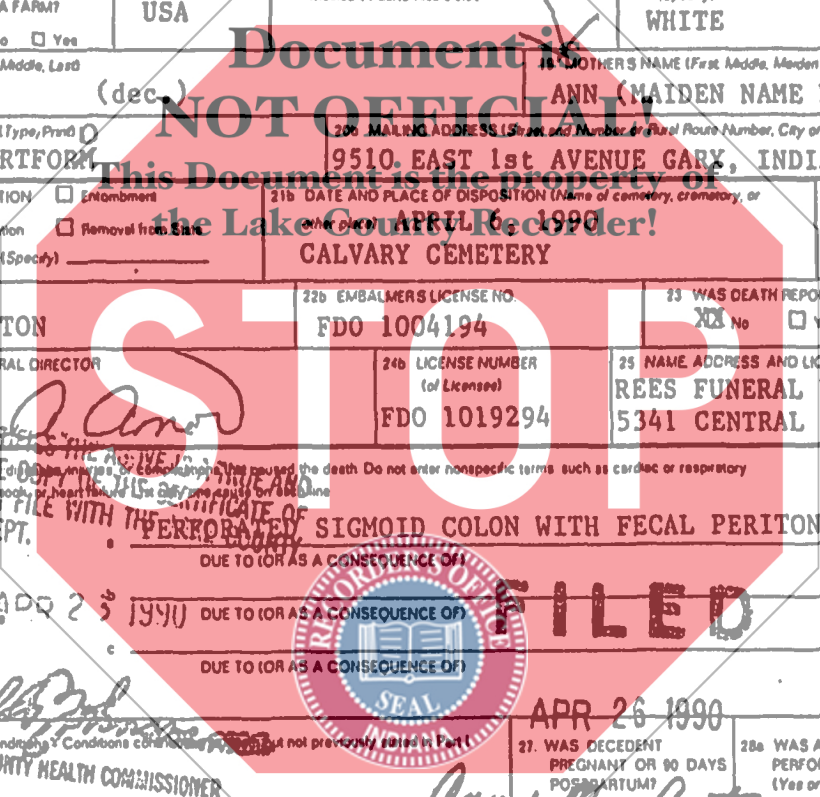
INDIANA STATE BOARD OF HEALTH

Local No. 097262 778-90 CERTIFICATE OF DEATH State No.

TYPE/PRINT PERMANENT BLACK INK

Form with fields: 1 DECEASED—NAME (First Middle Last) MARGARET A. HARTFORD, 2 SEX FEMALE, 3a TIME OF DEATH 2:00A M, 3b DATE OF DEATH (Month Day Yr) APRIL 3, 1990, 4 SOCIAL SECURITY NUMBER 311-40-8443, 5a AGE—Last Birthday (Years) 50, 5b UNDER 1 YEAR Months Days, 5c UNDER 1 DAY Hours Minutes, 6 DATE OF BIRTH (Mo Day Yr) AUGUST 3, 1939, 7 BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA, 8a WAS DECEDENT A U.S. VETERAN NO, 8b YEAR LAST SERVED IN US ARMED FORCES? N/A, 8c PLACE OF DEATH (Check only one See instructions) HOSPITAL: Broadport, OTHER: Nursing Home, Residence, 9a FACILITY NAME (If not institution, give street and number) BROADWAY METHODIST HOSPITAL, 9b CITY TOWN OR LOCATION OF DEATH MERRILLVILLE, 9c COUNTY OF DEATH LAKE, 10 MARITAL STATUS (Specify) MARRIED, 11 SURVIVING SPOUSE (If wife give maiden name) BRUCE A. HARTFORD, 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) CLERK, 12b KIND OF BUSINESS/INDUSTRY K-MART CORPORATION, 13a RESIDENCE—STATE INDIANA, 13b COUNTY LAKE, 13c CITY, TOWN, OR LOCATION GARY, 13d STREET AND NUMBER 9510 EAST 1st AVENUE, 13e ZIP CODE 46402, 13f INSIDE CITY LIMITS No Yes, 13g ON A FARM? No Yes, 14 CITIZEN OF WHAT COUNTRY? USA, 15 WAS DECEDENT OF HISPANIC ORIGIN? No Yes, 16 RACE—American Indian, Black, White, etc. (Specify) WHITE, 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 12, College (11-4 or 5 +) 12, 18 FATHER'S NAME (First Middle, Last) ADAM DIVICH (dec.), 18 MOTHER'S NAME (First Middle, Maiden Surname) ANN (MAIDEN NAME NOT AVAILABLE) DIVICH, 20a INFORMANT'S NAME (Type, Print) BRUCE A. HARTFORD, 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9510 EAST 1st AVENUE GARY, INDIANA 46402, 20c Relationship HUSBAND, 21a METHOD OF DISPOSITION Burial, 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) APRIL 6, 1990 CALVARY CEMETERY, 21c LOCATION—City or Town, State PORTAGE, INDIANA, 22a EMBALMER'S NAME JAMES GHOLSTON, 22b EMBALMER'S LICENSE NO. FDO 1004194, 23 WAS DEATH REPORTED TO CORONER? No Yes, 24a SIGNATURE OF FUNERAL DIRECTOR, 24b LICENSE NUMBER (of License) FDO 1019294, 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME REES FUNERAL HOMES, OLSON CHAPEL 5341 CENTRAL AVENUE PORTAGE, INDIANA FH83005613, 26 PART I COMPLETE DEATH OR FILE WITH THE HEALTH DEPT. IMMEDIATE CAUSE (Full disease or condition resulting in death) SIGMOID COLON WITH FECAL PERITONITIS, 26 PART II Other significant conditions, 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO, 28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO, 28b WERE AUTOPSY PRIORITIES AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A, 29a CERTIFIER (Check only one) CERTIFYING PHYSICIAN, 29b SIGNATURE AND TITLE OF CERTIFIER Amed Atassi, 29c MEDICAL LICENSE NO 01033726, 29d DATE SIGNED (Month Day, Year) 4/5/90, 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type, Print) AMEAD ATASSI, M.D. 206 EAST 86th PLACE MERRILLVILLE, INDIANA 46410, 31 HEALTH OFFICER'S SIGNATURE, 31 DATE FILED (Month Day, Year) APR 5 1990, 33 MANNER OF DEATH Natural, Accident, Suicide, Homicide, 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK? (Yes or no), 34d DESCRIBE HOW INJURY OCCURRED, 34e PLACE OF INJURY—At home, farm, street, factory, office, building etc (Specify), 34f LOCATION (Street and Number or Rural Route Number, City or Town, State), 34g DATE PRONOUNCED DEAD (Month Day, Year), 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

DECEDENT OF LOT 2 OF LOT 2 INLAND MANOR 5TH ADD BLOCK S LOT 21 OF 22 EXC K-20 FT KEY# 45-439-21



FILED

STATE OF INDIANA / LAKE COUNTY / FILED / APR 26 1990 / ROBERT REORDERER

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4.00