

First Natl Bank, 3700 E. ...
INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. ...
 Date of Death: Month Day Year

Local No. **83**

TYPE OR PRINT
 PLAINLY WITH
 UNFADING INK
 THIS IS A
 PERMANENT

THIS CERTIFIES THE ABOVE IS A TRUE AND
 COMPLETE COPY OF THE CERTIFICATE OF DEATH
 FILE WITH THE HAMMOND HEALTH DEPT.

Franklin J. Carmichael, M.D.
 HAMMOND HEALTH COMMISSIONER
 LICENSE No. 2213

FUNERAL HOME No. **151**
 FUNERAL DIRECTOR'S LICENSE No. **8**
 SIGNATURE

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

DECEASED—NAME 1 HELEN F. YAFFE			SEX 2 Female	DATE OF DEATH—MONTH DAY YEAR January 19, 1979	
RACE—(Specify Race American Indian or Alaskan) 4 White	AGE—Last Birthday (Yrs) 5a 65	UNDER 1 YEAR 5b MOSE DAYS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH—Mo Day Yr. 6 2-22-1913	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Hammond		HOSPITAL OR OTHER INSTITUTION—Name, if not in other, give Street & No. 7c St. Margarets Hospital		IF HOSP OR INST. Name of Hosp. or Inst. (Specify Yes or No) 7d Emer, Ind.	
STATE OF BIRTH (if not in U.S.A. name country) 8 Illinois	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify Yr.) 10 Married	SURVIVING SPOUSE (if wife give her last name) 11 Max Yaffe		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 306-10-0284		USUAL OCCUPATION (Specify if not at work during most of working life years 18-64) 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b -	
RESIDENCE—STATE COUNTY 15a Indiana Lake		CITY, TOWN OR LOCATION 15c Munster		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 1838 Tulip Lane		INSIDE CITY LIMITS (Specify Yes or No) 15e Yes		FILED JAN 21 1979	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST 16 John Runko			MOTHER—MAIDEN NAME FIRST LAST 17 Antonia Traven		
INFORMANT—NAME (Type or print) 18a Max Yaffe (Husband)		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 18b 1838 Tulip Lane Munster, Indiana 46307			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Elmwood Cemetery		LOCATION CITY OR TOWN STATE ZIP 19c Hammond, Indiana 46307	
DATE (MONTH DAY YEAR) 20a January 22, 1979		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO CITY OR TOWN STATE ZIP) 20b FIFE FUNERAL HOME, 4201 Indpls. Blvd. E. Chicago, Ind.			
On the basis of examination and/or investigation, in my opinion death occurred at the same date and place and due to the causes stated			DATE SIGNED (Mo Day Yr.) 21b 1/31/79		HOUR OF DEATH 21c M
SIGNATURE 21a <i>Albert T. Willardo, M.D.</i>			PRONOUNCED DEAD (Mo Day Yr.) 21d ON January 19, 1979		PRONOUNCED DEAD (hour) 21e At 6:56 a.m. M
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21i Albert T. Willardo, M.D., 2293 N. Main St. Crown Point, Ind. 46307			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b JAN 31 1979		
HEALTH OF SIGNER—SIGNATURE 22a <i>[Signature]</i>			22b		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 23a AND 23b)					
PART I (a) Vascular collapse due				Interval between onset and death unstimuli	
(b) to arteriosclerotic heart				Interval between onset and death	
(c) and vascular disease				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					AUTOPSY (Specify Yes or No) 24 No
ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST (Specify) 25a NATURAL	DATE OF INJURY (Mo, Day Yr.) 25b	HOUR OF INJURY 25c M	DESCRIBE HOW INJURY OCCURRED 25d		
INJURY AT WORK (Specify Yes or No) 25e	PLACE OF INJURY—At home, in street, in office building, etc. (Specify) 25f	LOCATION 25g	STREET OR R.F.D. NO	CITY OR TOWN	STATE

Disposition Permit Issued / /
 Provisional Certificate
 Yes No