

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

Below for State Office Use

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Body
all
45-446-66
41215-415

Co
Cord

4237

Chas. W. Wells

EMBALMER'S NAME

FUNERAL HOME
No. 245

FUNERAL DIRECTOR'S
LICENSE No. 1723

FUNERAL DIRECTOR'S
SIGNATURE
John S. Byn

100079
Local No. 26510-84

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

RESIDENCE
HERE DECEASED
LIVED IF
OCCURRED
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

MAY 22 1985

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
DURING THE
PREVAILING
ILLNESS

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

| | | | | | |
|--|----------------------------------|--|--|--|--|
| DECEASED - NAME 1 MARY MAY LIBICH | | | SEX Female | DATE OF DEATH (MONTH DAY YEAR) December 30, 1984 | |
| RACE - (e.g. White, Black, American Indian, etc.) 4 White | AGE - (Last Birthday) 5a 69 | UNDER 1 YEAR MUS DAYS | UNDER 1 DAY HOURS MINS | DATE OF BIRTH (Mo. Day Yr.) 1-14-1915 | COUNTY OF DEATH Lake |
| CITY, TOWN OR LOCATION OF DEATH 7a Hobart | | HOSPITAL OR OTHER INSTITUTION (Name, if not in other part of cert. and number) 7c St. Marys Medical Center | | IF HOSP OR INST. UNDER DOA OR 1 year in Institution (Specify) 7d inpatient | |
| STATE OF BIRTH (If not in U.S.A. name country) 8 Indiana | CITIZEN OF WHAT COUNTRY 9 USA | MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 married | SURVIVING SPOUSE (If with give maiden name) 11 Joseph Libich | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 no |
| SOCIAL SECURITY NUMBER 13 307-20-2836 | | USUAL OCCUPATION (Give kind of work done during most of working life, even if temporary) 14a Homemaker | | KIND OF BUSINESS OR INDUSTRY 14b Home | |
| RESIDENCE - STATE 15a Indiana | COUNTY 15b Lake | CITY, TOWN OR LOCATION 15c Gary | | ROBERTS RECORDS | STATE OF INDIANA HEALTH DEPARTMENT |
| RESIDENCE AND NUMBER 16a 4609 Connecticut St. | | | IS RESIDENCE ON A FARM? 15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | INSIDE CITY LIMITS (Specify Yes or No) 16b yes |
| IS DECEASED OF SPANISH DESCENT? (If YES specify MEXICAN, CUBAN, PUERTO RICAN, ETC.) 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| FATHER - NAME (FIRST MIDDLE LAST) 10 Albert Hacker | | MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) 17 Marie T. Dillon | | INFORMANT - NAME (Type or print) RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18a Joseph Libich Husband 4609 Connecticut St., Gary, Indiana 46409 | |
| MORAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial | | CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery | | LOCATION CITY OR TOWN STATE 19c Merrillville, Ind. | |
| DATE (MONTH DAY YEAR) 20a January 3, 1985 | | FUNERAL HOME - NAME AND ADDRESS 20b PRUZIN BROTHERS, 6360 Broadway, Merr., Indiana 46410 | | STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP | |
| To the best of my knowledge, death occurred at the time, place and of the cause(s) stated. 21a (Signature) Joseph J. Sala M.D. | | DATE SIGNED (Mo. Day Yr.) 21b 3 Jan. 85 | | HOUR OF DEATH 21c 12:50 PM M | |
| NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Joseph J. Sala M.D. | | MAILING ADDRESS - PHYSICIAN 21e 5490 Broadway, Merrillville, Ind. 46410 | | HEALTH OFFICER - SIGNATURE (Type or Print) 22a Paul Johnson | |
| DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 1-3-84 | | PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (b) AND (c)) 23 (a) <i>Cardiac fibrillation</i> | | | |
| DUE TO OR AS A CONSEQUENCE OF (b) <i>Chronic Obstructive Pulmonary Disease</i> | | Interval between onset and death | | | |
| DUE TO OR AS A CONSEQUENCE OF (c) <i>Myocardial Infarction - Arteriosclerotic heart disease</i> | | Interval between onset and death | | | |
| PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) 24 no | | AUTOPSY (Specify Yes or No) | | | |

400