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PERMANENT
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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

106674

Local No. 73-1428

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Evelyn Bancarter
4247 Rhode Island
State No. Gary 46409

FUNERAL HOME No. 242
FUNERAL DIRECTOR'S LICENSE No. 529
ERWIN B COOK JR
FUNERAL DIRECTOR'S SIGNATURE

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. John				Sawa Jr.	2. Male	3. Oct. 19, 1973		
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH			
4. White	5a. 40	5b.	5c.	6. Mar. 5th 1933	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)				
7b. Gary			7c. Yes	7d. Methodist Hospital				
DECEASED STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. Indiana		9. U. S. A.		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. Evelyn Albers		
USUAL RESIDENCE WHERE DECEASED OCCURRED IN INSTITUTION, GIVE RESIDENCE (FOR ADDRESS)		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 4247 Rhode Island St.		305-32-6784		13a. Structural Fitter		13b. American Bridge		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
14a. Indiana		14b. Lake	14c. Gary		14d. Yes	14e. Calumet		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST	
15. John Christopher					16. Marie Lovich			
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Evelyn Sawa		17b. Wife		17c. 4247 Rhode Island St				
PART I. DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. IMMEDIATE CAUSE		(a) CEREBRAL OEDEMA - Post OPERATIVE				19. 1-2		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) SURPARACNOID HEMORRHAGE.				20. 10		
		(c) CAROTID ARTERY ANEURISM LEFT				21. 10		
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
						22. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
DATE & TIME OF DEATH		MONTH	DAY	YEAR	DATE SIGNED	MONTH	DAY	YEAR
23. Oct 19 1973			22	1973	23 Oct			1973
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		STREET OR R.F.D. NO		CITY OR TOWN		STATE		PHY. CODE NO.
22a. DR. K. V. PILLAY, M.D.		5117 S. 25th TWIN TOWER N. MERRILLVILLE		INDIANA				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN		STATE
24a. Burial		24b. Evergreen Mem. Pk.		24c. Hobart, Indiana				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. Oct. 22, 1973		25a. Stillnovich, Palmer & Wiatrolik		24e. 213 Broadway Gary, In				
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER						
25b. [Signature]		25c. OCT 25 1973		400				

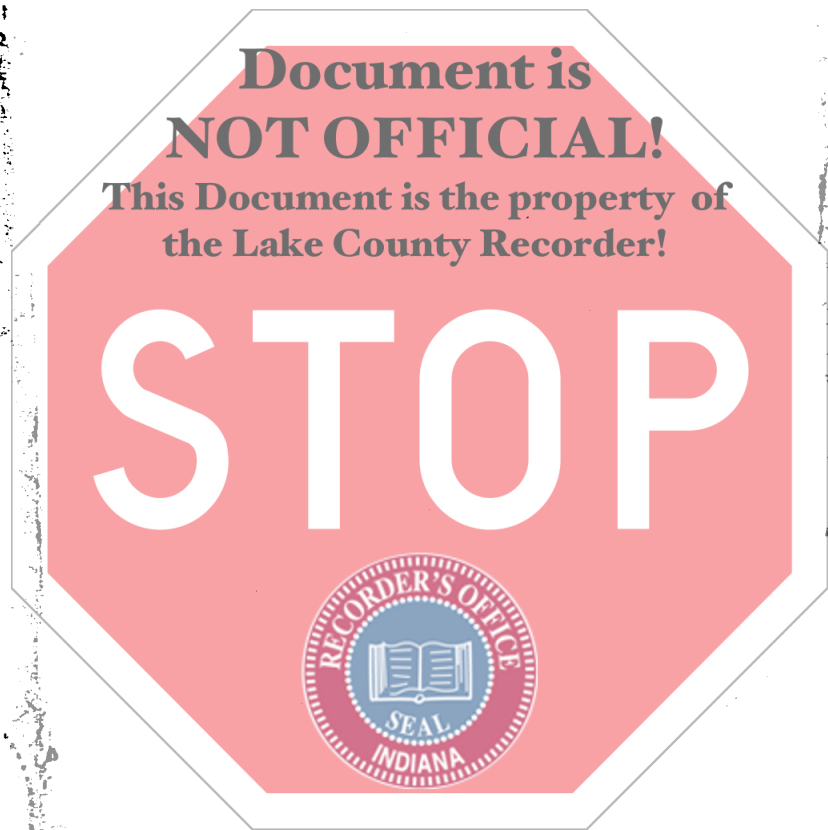
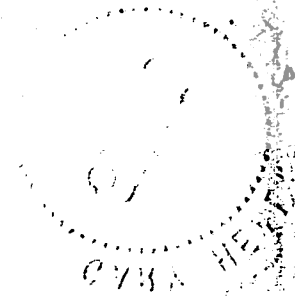
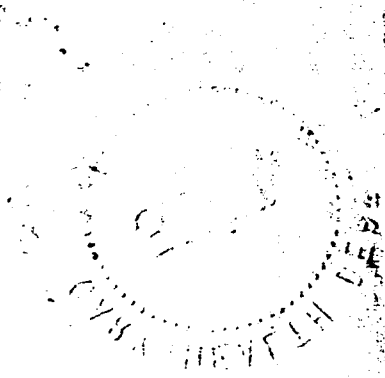
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JUN 15 1973
COUNTY CLERK

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STATE OF INDIANA / S. NO. 7



John F. [Signature]
CERTIFIED COPY
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE OCT 25 1973