

INDIANA STATE BOARD OF HEALTH

TICOR TITLE INSURANCE

CERTIFICATE OF DEATH

State No. ...

Local No. 4497-89 114303

152556

Form with fields for DECEASED NAME (Lena M. Morgan), SEX (Female), TIME OF DEATH (8:00P), DATE OF DEATH (November 4, 1989), SOCIAL SECURITY NUMBER (316-22-8593), AGE (72), DATE OF BIRTH (February 13, 1917), BIRTHPLACE (Philadelphia, Pennsylvania), FACILITY NAME (Methodist Hospital-Southlake Campus), CITY (Merrillville), COUNTY (Lake), MARRITAL STATUS (Widowed), SURVIVING SPOUSE (None), USUAL OCCUPATION (Homemaker), KIND OF BUSINESS (Own Home), RESIDENCE (Indiana, Lake, Schererville, 1932 Robin Hood Blvd.), ZIP CODE (46375), CITIZEN OF WHAT COUNTRY (USA), RACE (White), EDUCATION (10), FATHER'S NAME (William Byers), MOTHER'S NAME (Laura Woodard), INFORMANT'S NAME (Helen Krstevic), ADDRESS (1396 Clearcrest Circle, Vista California 92084), RELATIONSHIP (Daughter), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (November 7, 1989, Memory Lane Cemetery), LOCATION (Schererville, Indiana), EMBALMER'S NAME (Charles W. Wells), LICENSE NUMBER (1042372), FUNERAL HOME (PRUZIN BROS. FUNERAL SERVICE #3002453, 6360 Broadway, Merrillville, IN 46410), CAUSE OF DEATH (Cerebrovascular accident), INTERVAL BETWEEN ONSET AND DEATH (4 hrs), PART II (Chronic obstructive pulmonary disease), CERTIFIER (James A. Dalal, M.D.), MEDICAL LICENSE NO (29392), DATE SIGNED (November 6, 1989), HEALTH OFFICER'S SIGNATURE (Paul Johnson), DATE FILED (November 6, 1989), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?



FILED stamp with date JUL 27 1990 and 'APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 hrs'.

Vertical text on the left margin: TYPE/PRINT IN PERMANENT BLACK INK, DECEASED, PARENTS, INFORMANT, DISPOSITION, CAUSE OF DEATH, CERTIFIER, HEALTH OFFICER, CORONER USE ONLY.

Unit 20 Key No. 13-161-19 Lt. 19, Sherwood Forest