

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

Williams Dad Hts 62163 64 Bl 10
 # 47-247-321133

EMBALMER'S NAME Norbert J. Geisen
 LICENSE No. 4174

FILED

NOV 14 1970

6cc
 140203
 Local No. 26

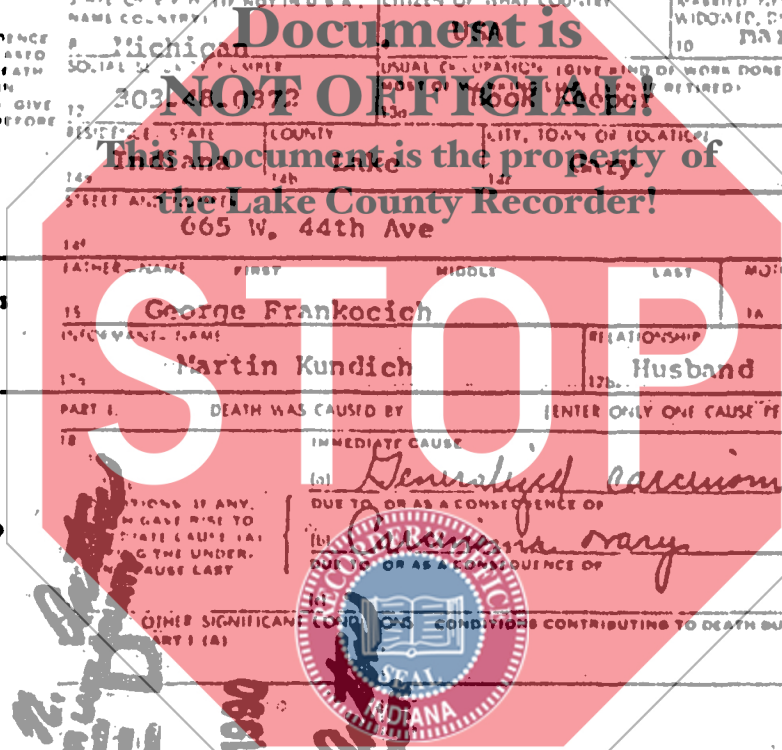
INDIANA STATE BOARD OF HEALTH
 DIVISION OF VITAL RECORDS
 MEDICAL CERTIFICATE OF DEATH

Wm. A. O'Rourke
 5231 Hohman Ave Ste 501
 Hammond, Ind 46320
 State No.

01115

PERMANENT INK SEE INSTRUCTIONS		DECEASED		BIRTH		DATE OF DEATH	
1. DECEASED NAME FIRST MIDDLE LAST		2. SEX		3. RACE		4. DATE OF DEATH MONTH DAY YEAR	
1. MARY T. KUNDICH		2. FEMALE		3. White		4. Dec 16, 1970	
5. USUAL RESIDENCE WHERE DECEASED LIVED IN DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		6. CITIZENSHIP		7. MARRIAGE STATUS		8. SURVIVING SPOUSE	
5. Gary, Indiana		6. USA		7. Married		8. Martin Kundich	
9. USUAL RESIDENCE WHERE DECEASED LIVED IN DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		10. USUAL OCCUPATION		11. BIND OF BUSINESS OR INDUSTRY		12. BURIAL PLACE	
9. 303 48th St Gary, Ind 46408		10. Bookkeeper		11. Evergreen Memorial Park		12. Calumet	
13. STREET ADDRESS		14. INSIDE CITY LIMITS		15. COUNTY		16. STATE	
13. 665 W. 44th Ave		14. yes		15. Lake		16. Indiana	
17. FATHER NAME FIRST MIDDLE LAST		18. MOTHER MAIDEN NAME FIRST MIDDLE LAST		19. RELATIONSHIP		20. ADDRESS	
17. George Frankocich		18. Helena Otenovitch		19. Husband		20. 665 W. 44th Ave, Gary, Indiana 46408	
21. PART I. DEATH WAS CAUSED BY		22. IMMEDIATE CAUSE		23. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		24. AUTOPSY	
21. (a) Generalized carcinomatosis		22. (b) Carcinoma ovary		23. 3 months		24. No	
25. OTHER SIGNIFICANT CONDITIONS		26. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		27. DATE SIGNED		28. SIGNATURE	
25.		26.		27. Dec 16, 1970		28. John T. Slama M.D.	
29. DATE		30. THE DEATH WAS PRONOUNCED DEAD		31. DATE SIGNED		32. SIGNATURE	
29. Dec 18, 1970		30. December 16, 1970		31. Dec 16, 1970		32. Norbert J. Geisen	
33. NAME (TYPE OR PRINT)		34. STREET OR R.F.D. NO.		35. CITY OR TOWN		36. STATE	
33. John T. Slama		34.		35. Gary		36. Indiana	
37. MANNER OF REMOVAL		38. LOCATION		39. CITY OR TOWN		40. STATE	
37. Burial		38. Mt. Mercy cemetery		39. Gary, Indiana		40. Indiana	
41. DATE		42. FUNERAL HOME NAME AND ADDRESS		43. DATE RECEIVED BY LOCAL HEALTH OFFICER		44. SIGNATURE	
41. Dec 18, 1970		42. Geisen Funeral Home, Inc. 3805 Adams St. Gary, Indiana 46408		43. DEC 16 1970		44. Norbert J. Geisen	

Disposition Permit Issued
 Provisional Certificate
 Yes No





E. M. Caldwell, M.D.

HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE NOV 8 - 1982