

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

164788
32005699

Local No.

384-86

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

FUNERAL HOME No. 300776

DECEASED

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING EQUIPMENT OR RESIDUAL ITEMS

FUNERAL DIRECTOR'S LICENSE No. 206367

DISPOSITION

CERTIFIER

CONDITIONS IF ANY WHICH LEAVE ROOM TO INDIAGATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

LIC. No. 100591

EMBALMER'S NAME Ronald Mesarch

FUNERAL DIRECTOR'S SIGNATURE

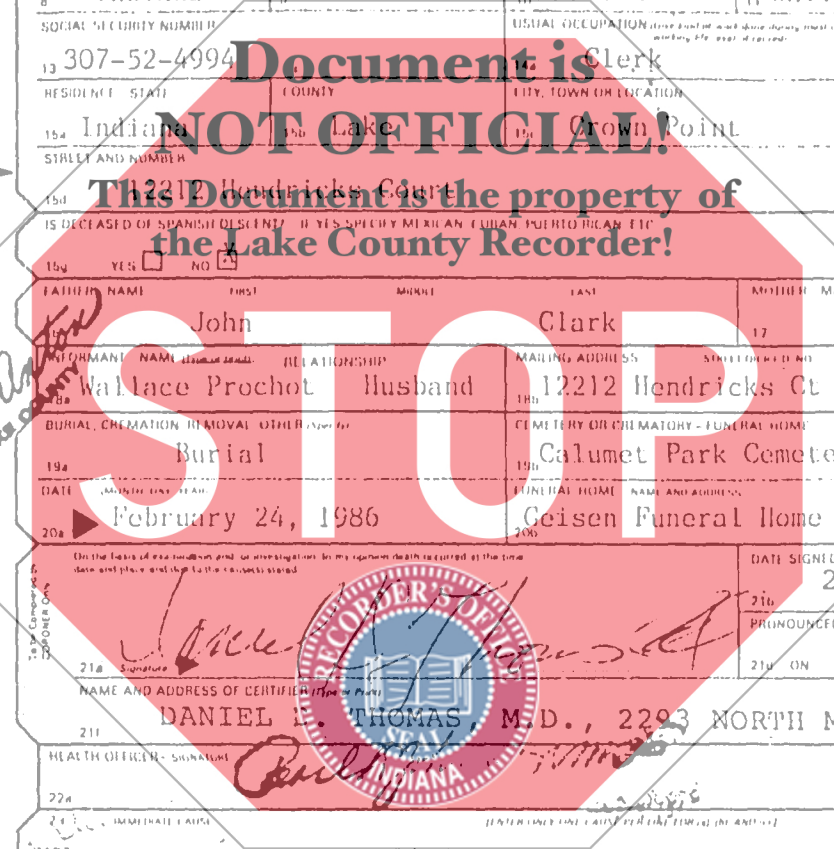
Below for State Office Use

- A _____
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- Z _____

Disposition Permit Issued / /
Provisional Certificate
 Yes No

DECEASED NAME 1 MARGARET W. PROCHOT		SEX 2 Female	DATE OF DEATH (MONTH DAY YEAR) 3 February 20, 1986
RACE (If White check American Indian or Alaskan) 4 White	AGE (Last birthday) 5a 58	UNDER 1 YEAR 5b MONTHS DAYS	UNDER 1 DAY 5c HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH 7a Crown Point		HOSPITAL OR OTHER INSTITUTION (Name if not in state give street and number) 7b St Anthony Medical Center	IF HOSP OR INST (Indicate Dept. Emer. Rom. Inpatient) (Specify Yes or No) 7c Inpatient
STATE OF BIRTH (If not in U.S. give country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If deceased give maiden name) 11 Wallace Prochot
SOCIAL SECURITY NUMBER 13 307-52-4994	USUAL OCCUPATION (Specify if not usual above during most of working life) 14 Clerk	KIND OF BUSINESS OR INDUSTRY 14b Inland Steel	
RESIDENCE STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Crown Point	IS RESIDENCE ON A FARM? (Specify Yes or No) 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 12212 Hendricks Court		INSIDE CITY LIMITS (Specify Yes or No) 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? (If YES specify Mexican Cuban Puerto Rican, etc.) 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER'S NAME (FIRST MIDDLE LAST) 16a John Clark	MOTHER'S MAIDEN NAME (FIRST MIDDLE LAST) 16b Jessie Cowie	DATE OF BIRTH (Mo Day Yr) 16c	
PREVIOUS NAME (If any) 17a Wallace Prochot	RELATIONSHIP 17b Husband	MARRIAGE ADDRESS (Street or R. D. No.) 17c 12212 Hendricks Ct	CITY OR TOWN STATE ZIP 17d Crown Point, Indiana 46307
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a Burial		CEMETERY OR OTHER MORTUARY - FUNERAL HOME 18b Calumet Park Cemetery	LOCATION CITY OR TOWN STATE 18c Merrillville, Indiana
DATE (Month Day Year) 19a February 24, 1986		FUNERAL HOME (Name and Address) (Indicate if not in city or town state ZIP) 19b Geisen Funeral Home Inc., 7905 Broadway Merrillville, Indiana 46410	
On the basis of examination and investigation in my opinion death occurred at the time and place and due to the causes stated		DATE SIGNED (Mo Day Yr) 20a 2/25/86	HOUR OF DEATH 20b 2:53 P. M.
SIGNATURE OF CERTIFIER 21a DANIEL L. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		PRONOUNCED DEAD (Mo Day Yr) 21b ON 2/20/86	PRONOUNCED DEAD (Hour) 21c AT 2:53 P. M.
HEALTH OFFICER'S SIGNATURE 22a		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 2-25-86	
IMMEDIATE CAUSE 23a Acute myocardial infarction		Interval between onset and death 23b Undetermined	
STATUS AS A RESULT OF 24a Status post mitral valve replacement & single bypass		Interval between onset and death 24b	
OTHER CAUSE 24c graft of heart		Interval between onset and death 24d	
OTHER CAUSE (Specify Yes or No) 24 Yes		24	
ACC. SUICIDE, HOM. 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 farm street factory office building etc. (Specify)) 25f	LOCATION STREET OR R. D. NO. 25g	CITY OR TOWN STATE 25h

164788
 7-243-3
 TLOOR TITLE - 384-86
 Crown Point, Indiana
 HEALTH DEPT.
 FEB 25 1986
 7-243-3
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