

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

Below for State Office Use

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Pt #2 Nub Adj. White lot 64  
Pt #6 Bl. Z Merrill Hts  
S15 T.315 R.8 .38A  
Key #15-29-10

EMBALMER'S NAME  
Ronald J. Mesarch  
Unit #08

LICENSE No. 100591

FUNERAL DIRECTOR'S SIGNATURE  
*Ronald J. Mesarch*  
FUNERAL DIRECTOR'S LICENSE No. 202280

FUNERAL HOME No. 300776

92022680 Local No.

2139-85

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

00839

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

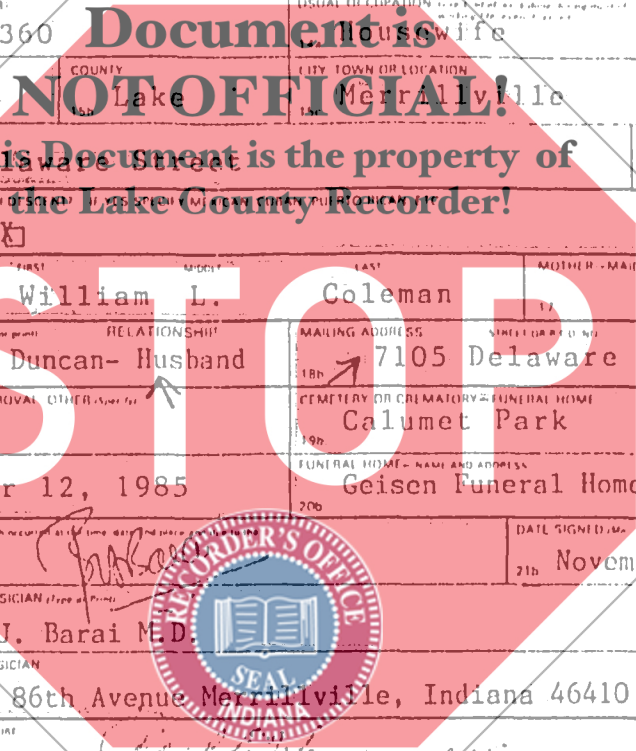
DISPOSITION

M.D. OR D.O.

CONDITIONS WHICH GAVE RISE TO INSTANT CAUSE STARTING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME 1. Audrie C. Duncan		SEX Female		DATE OF DEATH MONTH DAY YEAR November 10, 1985	
RACE 4. White	AGE 54 64	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH Oct. 24, 1921	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Merrillville		HOSPITAL OR OTHER INSTITUTION 7c. Methodist Hospital Southlake Campus		IF DECEASED IN INSTITUTION 7d. Inpatient	
STATE OF BIRTH 8. Kentucky	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED NEVER MARRIED WIDOWED DIVORCED 10. Married	SURVIVING SPOUSE 11. Lawrence Duncan	WAS DECEASED IN A U.S. ARMED FORCE? 12. No	
SOCIAL SECURITY NUMBER 13. 401-20-2360		USUAL OCCUPATION 14. Housewife		KIND OF BUSINESS OR INDUSTRY 14a. At Home	
RESIDENCE - STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Merrillville		IS RESIDENT ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15e. 7105 Delaware Street		CITY, TOWN OR LOCATION 15f. Merrillville		STATE 15g. Indiana	
IS DECEASED OF SPANISH OR HISPANIC ORIGIN? 15h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER - NAME 16. William L. Coleman		MOTHER - MAIDEN NAME 17. Olive L. McNitt			
INFORMANT - NAME (Type or print) 18a. Lawrence Duncan - Husband		RELATIONSHIP 18b. Husband	MAILING ADDRESS 18c. 7105 Delaware Street Merrillville, Indiana 46441		
BURIAL, CREMATION, REMOVAL, OTHER 19a. Burial		CEMETERY OR CREMATORY 19b. Calumet Park	LOCATION 19c. Merrillville, Indiana		
DATE 20a. November 12, 1985		FUNERAL HOME - NAME AND ADDRESS 20b. Geisen Funeral Home, Inc. 7905 Broadway Merrillville, In. 46410			
To the best of my knowledge, death occurred at the time, date, and place stated. 21a. <input checked="" type="checkbox"/>		DATE SIGNED 21b. November 12, 1985		HOUR OF DEATH 21c. 6:35 A. M.	
NAME OF ATTENDING PHYSICIAN (Type or print) 21d. B. J. Barai M.D.		MAILING ADDRESS - PHYSICIAN 21e. 521 86th Avenue Merrillville, Indiana 46410			
HEALTH OFFICER - SIGNATURE 22a. <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 11-12-85			
PART I (a) <input checked="" type="checkbox"/> CARCINOMA OF KIDNEY OF THE RETROPERITONEUM		INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS			
(b) _____		INTERVAL BETWEEN ONSET AND DEATH			
(c) _____		INTERVAL BETWEEN ONSET AND DEATH			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I MULTIPLE MYELOMA		APR 17 1992		AUTOPSY (Specify Yes or No) No	



*Anna N. Anton*  
AUDITOR LAKE COUNTY

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