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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 546

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Helen		L.		Vargo	2. Female	3. Aug. 18, 1974		
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. 44	5b.	5c.	6. 2-22-1930	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. EAST CHICAGO		7c. YES		7d. ST. CATHERINE'S HOSPITAL				
STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED () NEVER MARRIED ()		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. INDIANA				WIDOWED () DIVORCED ()		11. JOHN E. VARGO		
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 311 26-9380		12a. HOUSEWIFE		13b. HOME				
RESIDENCE—STATE		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP		
14a. INDIANA		14b. LAKE		14c. YES		14d. NORTH		
STREET AND NUMBER		14j. WAS DECLARED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		14h. IS RESIDENCE ON A FARM? YES () NO (X)				
14i. 24 3/4 BIRCH AVE.		NO						
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15. ERNEST				QUI SENBERRY	16. MARY		GRABOWSKI	
INFORMANT—NAME		RELATIONSHIP			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. MR. JOHN L. VARGO		17b. HUSBAND			17c. 24 3/4 BIRCH AVE., WHITING, INDIANA			
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		SARCAZMIOUS COLL					about one year	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(a) UNEXPECTED HEART DISEASE					caused by	
		(b) DUE TO, OR AS A CONSEQUENCE OF					regret in a	
		(c) DUE TO, OR AS A CONSEQUENCE OF						
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE					AUTOPSY YES () NO (X)	
		APR 30 1992					19a. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES () NO ()	
DATE & TIME OF DEATH		MONTH	DAY	YEAR	SIGNATURE OF PHYSICIAN		PHY. CODE NO.	
20. August 18, 1974 - 10:11 a.					21a. August 18, 1974		14020	
PHYSICIAN'S NAME (TYPE OR PRINT)		LAST IN ATTENDANCE			SIGNATURE OF PHYSICIAN		PHY. CODE NO.	
22a. FERROSY R. LA FOLLETTE					22b. Ferrosy R. La Follette		14020	
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.			CITY OR TOWN		STATE	ZIP
23. 2450 - 169th St, Hammond, Ind.					17th D.		46320	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION—CITY OR TOWN				STATE
24a. BURIAL		24b. ST. JOHN CEMETERY		24c. HAMMOND, INDIANA				600
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS			(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
24d. AUGUST 21, 1974		24e. KOSIOR FUNERAL HOME, WHITING, INDIANA			46391			
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER						
25b. E.A. Compagno M.D.		26b. 8-22-74						

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APR 30 1992

Below for State Office
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36-103-19-20, South Park Subdiv #2 of 53 of 3, L 543B 4/30/92, JF

FUNERAL HOME
FUNERAL DIRECTOR'S LICENSE No. 2037
FUNERAL DIRECTOR'S LICENSE No. 2037
EMBALMER'S NAME: FRANK DELNIKS
FUNERAL DIRECTOR'S SIGNATURE: E. EUGENE JOHNSON

Disposition Permit Issued / /
Provisional Certificate
 Yes No