

FA-5926

FA-5926

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
MAR 28 1986
Franklin S. Parnell
HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME: Ron Mesarch
FUNERAL DIRECTOR'S SIGNATURE: *Franklin S. Parnell*
LICENSE NO. 100591
FUNERAL DIRECTOR'S LICENSE NO. 200367
FUNERAL HOME NO. 300776

Return to:
First American Title Insurance Company
5285 Commerce Drive
Flow Point, IN 46347

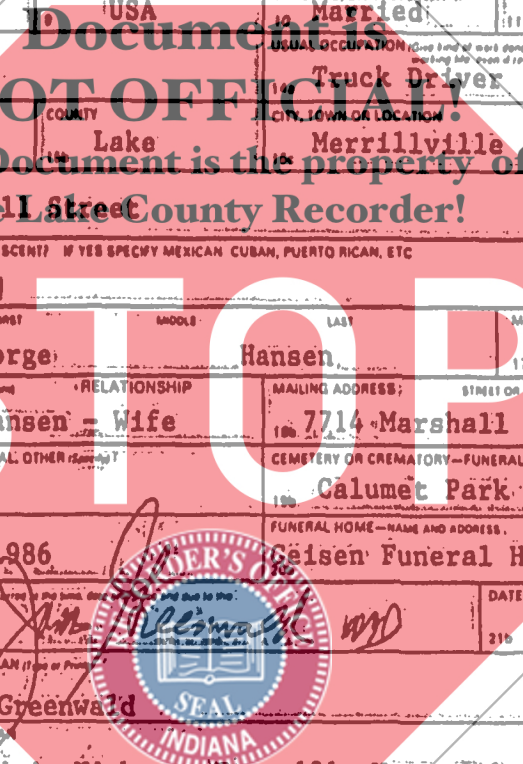
INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 2

State No.

01085

DECEASED—NAME FIRST: Martin MIDDLE: A. LAST: Hansen		SEX: Male	DATE OF DEATH—MONTH DAY YEAR 3-28-86
RACE: White	AGE—Last Birthday (Mo Yr): 70	UNDER 1 YEAR: MOUS, DAYS, BC	UNDER 1 DAY: HOURS, MINS
DATE OF BIRTH: Oct. 26, 1915	COUNTY OF DEATH: Lake	HOSPITAL OR OTHER INSTITUTION: St. Margaret Hospital	
CITY, TOWN OR LOCATION OF DEATH: Hammond	IF HOSP OR INST. (Specify DOA or Enter in Part 1a) 7d. Inpatient		IF DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. NO
STATE OF BIRTH: Minnesota	CITIZEN OF WHAT COUNTRY: USA	MARRIED NEVER MARRIED, WIDOWED, DIVORCED: Married	SURVIVING SPOUSE (If wife give maiden name): Marjorie Tetzloff
SOCIAL SECURITY NUMBER: 307-01-5383	USUAL OCCUPATION: Truck Driver	KIND OF BUSINESS OR INDUSTRY: Glen Park Lumber Co.	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION: 18a. Indiana, Lake Merrillville 18b. 7714 Marshall Street	CITY, TOWN OR LOCATION: Merrillville	IS RESIDENCE ON A FARM? 19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 19b. Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 20a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME: George Hansen	MOTHER—MAIDEN NAME: Anna Timm	INFORMANT—NAME (Type or Print): Marjorie Hansen - Wife	
RELATIONSHIP: Wife		MAILING ADDRESS: 7714 Marshall Street, Merrillville, Indiana 46410	
DISPOSITION: Burial		CEMETERY OR CREMATORY—FUNERAL HOME: Calumet Park Cemetery, Merrillville, Indiana 46410	
DATE: March 27, 1986		FUNERAL HOME—NAME AND ADDRESS: Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, Indiana 46410	
NAME OF ATTENDING PHYSICIAN: Dr. J. Greenwald		DATE SIGNED (Mo, Day, Yr): March 28, 1986	HOUR OF DEATH: 12:30 a.m.
MAILING ADDRESS—PHYSICIAN: 18141 Dixie Highway, Ste. 101, Homewood, IL 60430		HEALTH OFFICER—SIGNATURE: <i>Ronald Mesarch</i>	
DATE RECEIVED BY LOCAL HEALTH OFFICER: MAR 28 1986		PART 1: IMMEDIATE CAUSE: Auto (renal failure) 2nd rupture of aortic aneurysm	
PART 2: DUE TO OR AS A CONSEQUENCE OF: Diverticulosis		PART 3: OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART 1 (a) through (c)	



JUN 16 1992

AUDITOR: *Anna N. Anton* NO