

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

92040933

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No

Local No. *221-86*

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
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- F \_\_\_\_\_
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- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
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- V \_\_\_\_\_
- W \_\_\_\_\_
- X \_\_\_\_\_
- Y \_\_\_\_\_
- Z \_\_\_\_\_

FUNERAL HOME  
No. *245*

FUNERAL DIRECTOR'S  
LICENSE No. *723*

LICENSE No. *46470*

EMBALMER'S NAME  
*Tracy S. 3711 W. 90th Ct. Merr. Ind.*

FUNERAL DIRECTOR'S  
SIGNATURE  
*[Signature]*

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

CAUSE

DECEASED - NAME <b>EVANGELINE (ANGIE) M. PARKER</b>		SEX <b>Female</b>	DATE OF DEATH MONTH DAY YEAR <b>February 1, 1986</b>
RACE <b>White</b>	AGE <b>55</b>	DATE OF BIRTH <b>12-15-1930</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		HOSPITAL OR OTHER INSTITUTION <b>St Anthonys Medical Center</b>	IF HOSP OR INST INSTRU DOA OF Inst. Or Institution Specify <b>Inpatient</b>
STATE OF BIRTH <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED <b>married Eugene Parker</b>	WAS DECIDENT EVER IN US ARMED FORCES? <b>no</b>
SOCIAL SECURITY NUMBER <b>313-30-5605</b>		USUAL OCCUPATION <b>Proprietor (food)</b>	FIND OF BUSINESS OR INDUSTRY <b>Delicatessan</b>
RESIDENCE STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Merrillville</b>	INSIDE CITY LIMITS <b>yes</b>
STREET AND NUMBER <b>3711 West 90th Court</b>		IS RESIDENCE ON A FARM? <b>NO</b>	INSIDE CITY LIMITS <b>yes</b>
IS DECEASED OF SPANISH DESCENT? <b>NO</b>		IS DECEASED OF JAPANESE DESCENT? <b>NO</b>	
FATHER - NAME <b>Nicholas</b>	MOTHER - MAIDEN NAME <b>Anna</b>	STREET AND NUMBER <b>3711 West 90th Ct., Merrillville, Ind. 46410</b>	
INFORMANT NAME <b>Eugene Parker</b>	RELATIONSHIP <b>Husband</b>	CITY IN TOWN <b>Merrillville</b>	STATE <b>Ind.</b>
BURIAL CREMATION REMOVAL OTHER <b>Burial</b>		LOCATION <b>Memory Lane Memorial Park</b>	CITY OR TOWN <b>Schererville, Indiana</b>
DATE <b>February 3, 1986</b>	FUNERAL HOME - NAME AND ADDRESS <b>PRUZIN BROTHERS, 6360 Broadway, Merr., Indiana 46410</b>		
NAME OF ATTENDING PHYSICIAN <b>Ray E. Drasga, M.D.</b>	DATE SIGNED <b>2/3/86</b>	HOUR OF DEATH <b>6:25 AM</b>	
MAILING ADDRESS - PHYSICIAN <b>8127 Merrillville Road, Merrillville, Ind. 46410</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>2-3-86</b>	
HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <b>Salon Cancer</b>		<b>FILED</b>	
DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS <b>Salon Cancer</b>		INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (Specify Yes or No) <b>no</b>	

SBH 06-003 State Form 35430  
REV 10/77

JUN 25 1992

*Anna N. Antonio*  
AUDITOR LAKE COUNTY

01713

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STANDARD  
FILED  
JUN 25 1992  
ROBERT R. REED

*[Handwritten mark]*