

174906 - RENTAL TICKET MO
92-0375

INDIANA STATE BOARD OF HEALTH

93033821

CERTIFICATE OF DEATH

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (From Mugs) **Ida Peterson** Sex **Female** Time of Death **6:38P.** Date of Death **May 22, 1992**

2 SOCIAL SECURITY NUMBER **316-22-8445** Date of Birth (Mo, Day, Year) **1/5** Date of Birth (Mo, Day, Year) **August 14, 1915** Place of Birth (Mo, Day, Year) **Gary, Ind.**

3a WAS DECEDENT A US VETERAN? **NO** 3b YEAR LAST RECEIVED US SPARED FOR CREDIT **NONE** 3c PLACE OF DEATH (Check only one box) Home Nursing Home Other (Specify)

4a FACILITY NAME (If not in author, give street address) **619 E. 39th Avenue** 4b CITY/TOWN OR LOCATION OF DEATH **Gary** 4c COUNTY OF DEATH **Lake**

10 MARITAL STATUS (Specify) **Widowed** 11 SURVIVING SPOUSE (If wife, give full name) **None** 12a DECEASED'S USUAL OCCUPATION (Give kind of work being done at time of death) **Housewife** 12b KIND OF BUSINESS/INDUSTRY **Self**

13a RESIDENCE—STATE **Indiana** 13b COUNTY **Lake** 13c CITY/TOWN OR LOCATION **Gary** 13d STREET AND NUMBER **619 E. 39th Avenue**

13e ZIP CODE **46409** 13f INSIDE CITY LIMITS No Yes 14 CITIZEN OF WHAT COUNTRY? **U.S.A.** 15 WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes specify Cuban, Puerto Rican, Mexican, etc.) 16 RACE—American Indian, Black, White, etc. (Specify) **White** 17 DECEASED'S EDUCATION (Specify only highest grade completed) **Elementary/Secondary 10-12 College (1-4 or 5+)**

18 NAME OF INFORMANT **George**

20a INFORMANT'S NAME (Type/Print) **Roberta Ladony** 20b ADDRESS (Street and Number or Rural Route, Box or P.O. Box, City, State, Zip Code) **430 N. Cavender Hobart, IN. 46342** 20c Relationship **Daughter**

21a METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify) _____

21b DATE AND PLACE OF DISPOSITION (Specify date, time, and place) **May 26, 1992 Calumet Park Cemetery** 21c LOCATION—City or Town State **Merrillville, IN.**

22a EMBALMERS NAME **David Semplinski** 22b EMBALMERS LICENSE NO **FD08600686** 23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR **Robert Wiatrolik** 24b LICENSE NUMBER (of Licensee) **FD01001293** 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME **H3004755 Stolinovich & Wiatrolik 7535 Taft St. Merrillville, IN. 46410**

26 PART I Enter the disease, injuries or complications that caused the death. Do not over-interpret. shock or head trauma (Use only one cause for each no.)

IMMEDIATE CAUSE (Final disease or condition resulting in death) **Myocardial Infarction**

Conditions, if any, which gave rise to the immediate cause, during the underlying cause (List)

27 DATE OF DEATH **MAY 20 1992**

PART II Other significant conditions - Conditions contributing to death or that preclude a final diagnosis

28a CERTIFIER (Check only one) HEALTH OFFICER CORONER

28b SIGNATURE AND TITLE OF CERTIFIER **Max Klein MD** 28c MEDICAL LICENSE NO **21034294** 28d DATE SIGNED (Month, Day, Year) **May 27, 1992**

29 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) **Dr. Klein 1190 N. State Road 49 Chesterton, IN. 46304**

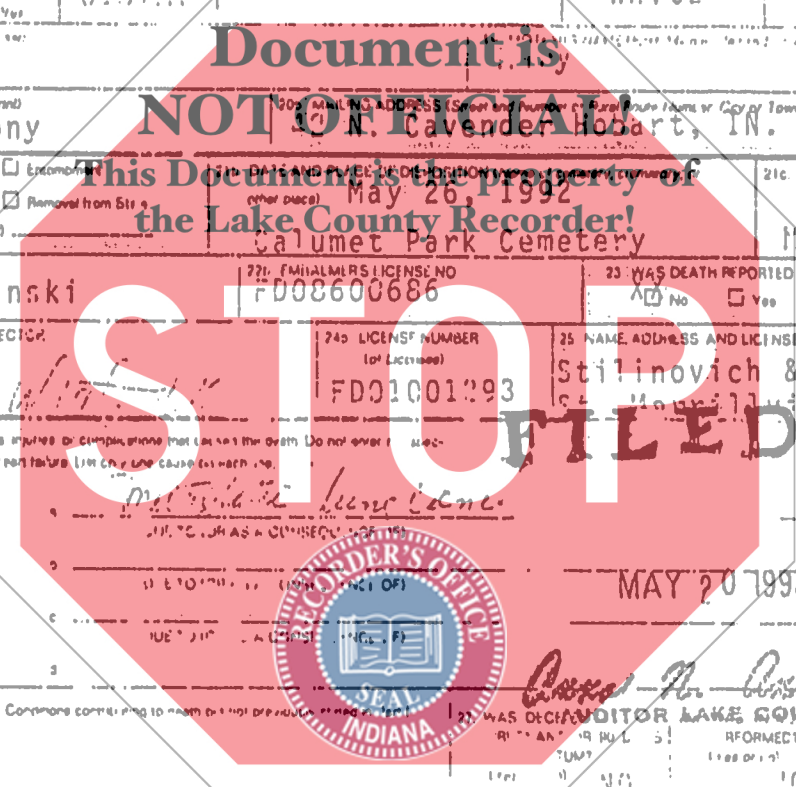
31 HEALTH OFFICER'S SIGNATURE **Rebecca E. Foster MD MPH** 32 DATE FILED (Month, Day, Year) **JUN 1 1992**

33 MANNER OF DEATH

Natural Pending Investigation Accident Suicide Could not be Determined Homicide

34a DATE OF INJURY (Month, Day, Year) _____ 34b PLACE OF INJURY _____ 34c MANNER OF DEATH _____

35 DATE PRONOUNCED DEAD (Month, Day, Year) _____



STATE OF INDIANA'S STATE RECORDS DEPARTMENT
LAKE COUNTY RECORDS DEPARTMENT
MAY 20 1992
MAY 27 1992

Key # 43-347-8 Unit # 25

Great Gary Realty Co. 1st Add. W. 22FT L. 6 BL. 3 E 6FT L. 7 BL. 3



CERTIFIED BY

Julia E. Foster

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE JUN. 1 1992