

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

Below for State Office Use

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PETER N. MORIKIS
EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

FDE 260065E

FUNERAL DIRECTOR'S LICENSE No. 2012

FUNERAL HOME No. 306

94006451

Local No. 331786

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

KTie#56465

300

State No.

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 IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME 1 HELEN L. DURK		SEX FEMALE		DATE OF DEATH - (MONTH DAY YEAR) DECEMBER 27, 1986	
RACE - (See United Birth American Indian or Alaskan) WHITE		AGE - Last Birthday 61		COUNTY OF DEATH LAKE	
CITY, TOWN OR LOCATION OF DEATH HOBART		HOSPITAL OR OTHER INSTITUTION - Name, if not in place give street and number ST. MARY MEDICAL CENTER		IF HOSP OR INST. specify DEPT. (See Local Health Officer's Handbook) DAA	
STATE OF BIRTH (If not in U.S. give country) ILLINOIS		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED: NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED MARRIED	
SOCIAL SECURITY NUMBER 335-22-8769		SURVIVING SPOUSE (If not in place give modern name) ARTHUR D. DURK		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO	
RESIDENCE - STATE INDIANA		RESIDENCE - COUNTY LAKE		USUAL OCCUPATION (Specify if done during most of working life from 1960-1980) HOME-MAKER	
STREET AND NUMBER 1514		CITY, TOWN OR LOCATION HOBART		KIND OF BUSINESS OR INDUSTRY NONE	
IS RESIDENCE ON A FARM? NO		INSIDE CITY LIMITS? (Specify Yes or No) YES			
- IS DECEASED OF SPANISH DESCENT? - IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.					
FATHER - NAME (FIRST, MIDDLE, LAST) HERMAN CARPENTER		MOTHER - MAIDEN NAME (FIRST, MIDDLE, LAST) ROSE LOGIE			
INFORMANT - NAME (Type or Print) ARTHUR D. DURK		RELATIONSHIP HUSBAND		MAILING ADDRESS - (Type or Print) 1514 S. MERRILLVILLE ST., HOBART, IN 46342	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME CALUMET PARK CEMETERY		LOCATION - CITY OR TOWN, STATE MERRILLVILLE, IN	
DATE - (MONTH DAY YEAR) DECEMBER 30, 1986		FUNERAL HOME - NAME AND ADDRESS Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342-0488			
NAME OF ATTENDING PHYSICIAN (Type or Print) J. KAMEN, M.D.		DATE SIGNED (Day, 1986) 12/29/86		HOUR OF DEATH 10:22 P.M.	
MAILING ADDRESS - PHYSICIAN ST. MARY MEDICAL CENTER		HOBART, IN 46342			
HEALTH OFFICER - SIGNATURE <i>Paul A. Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 12-29-86			
IMMEDIATE CAUSE - (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (a) <i>CHRONIC OBSTRUCTIVE PULMONARY EMPHYSEMA</i>				Interval between onset and death 2 yrs	
(b) _____				Interval between onset and death	
(c) _____				Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) NO	



LAWYERS TITLE INS. CO. OF INDIANA PROFESSIONAL CENTER
SUITE 215
1345 EAST 10TH ST.
MARIETTA, IN 46347

STATE OF INDIANA
JAN 21 1994
JAN 25 1994

600lef