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THIS IS A
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FILED

APR 12 1994

Anna N. Anton

Disposition Permit
Issued _____
Provisional
Certificate
 Yes No

EMBALMER'S NAME **William C. Geisen**
LICENSE NO. **320**
FUNERAL DIRECTOR'S LICENSE NO. **396**

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

Local No. **70 1550** **94029483**

John Stiles
300 E. 90th St.
State *Merrillville*
46410

| | | | | | | | |
|---|--|--|--------|---|------------------------------|--|-----------------|
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH—MONTH DAY YEAR | |
| Harvey | | Lee | Mosher | | Male | Nov | 7, 1970 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | BIRTH DATE—MONTH DAY YEAR | | AGE—YEARS MONTHS DAYS | UNDER 1 YEAR | DEATH DATE—MONTH DAY YEAR | COUNTY OF DEATH |
| White | | 68 | | | | Apr. 3, 1902 | Lake |
| CITY, TOWN, OR LOCATION OF DEATH | | INSURE CIVIL WIFE (SPECIFY YES OR NO) | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER GIVE STREET AND NO.) | | | |
| Gary | | Yes | | Methodist hospital | | | |
| STATE OF BIRTH (IF NOT IN U.S.A.) | | CITIZEN OF WHAT COUNTRY | | MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF W.F.E. GIVE MAIDEN NAME) | |
| Indiana | | USA | | Married | | Ruby Crouse | |
| USUAL RESIDENCE WHERE DECEASED LIVED (IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) | | SOCIAL SECURITY NUMBER | | NATURE OF BUSINESS OR INDUSTRY (KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | OCCUPATION | |
| 317-16-6505 | | Jeweler | | Self employed | | | |
| RESIDENCE—STATE | | CITY, TOWN, OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | | TOWNSHIP | |
| Indiana | | Lake Gary | | Yes | | Calumet | |
| STREET AND NUMBER | | IS RESIDENT ON A FARM (SPECIFY YES OR NO) | | | | | |
| 3793 Indiana St. | | No | | | | | |
| PARENTS—NAME | | FIRST | MIDDLE | LAST | MOTHER—NAME | FIRST | MIDDLE |
| John D. Mosher | | | | | Unknown | | |
| INFORMANT—NAME | | RELATIONSHIP | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | |
| Mrs Ruby Mosher | | Wife | | 3793 Indiana St. Gary, Indiana | | | |
| PART I—DEATH WAS CAUSED BY | | ENTER ONLY ONE CAUSE PER LINE FOR IMMEDIATE CAUSE | | | | APPROXIMATE DATE OF ONSET (IF BETWEEN ONSET AND DEATH) | |
| 101 | | ACUTE MYOCARDIAL INFARCTION | | | | 1/2 HOUR | |
| 102 | | CORONARY ARTERIO SCLEROSIS | | | | 1 YEAR | |
| PART II—OTHER CAUSES AND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) | | | | | | AUTOPSY (YES OR NO) IF YES WERE FINDINGS DERIVED IN DETERMINING CAUSE OF DEATH | |
| | | | | | | No | |
| DEATH OCCURRED (HOUR) | | THE DECEDENT WAS PROFOUNDED DEAD (MONTH DAY YEAR) | | | DATE SIGNED (MONTH DAY YEAR) | | |
| 2:30 | | NOV 7 1970 | | | NOV 7 1970 | | |
| CERTIFIER (LICENSE NO.) | | MIDDLE | | LAST | | LICENSE NO. | |
| LEO DALCH BROCKHOFF MD | | BROCKHOFF | | MD | | MD | |
| MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO.) | | CITY OR TOWN | | STATE | | ZIP | |
| 3290 GARFIELD ST. | | GARY | | IND | | 46410 | |
| BURIAL—METHOD (SPECIFY) | | CEMETERY, REMAINING, FUNERAL HOME | | LOCATION—CITY OR TOWN STATE | | FUNERAL HOME NO. | |
| Burial | | Oak Hill Cemetery | | Gary, Indiana | | 241 | |
| DATE—MONTH DAY YEAR | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | |
| Nov 9, 1970 | | Geisen Funeral Home, Inc. 3805 Adams St. Gary, Indiana | | | | | |
| FUNERAL DIRECTOR SIGNATURE | | HEALTH OFFICER SIGNATURE | | DATE RECEIVED BY LOCAL HEALTH OFFICE | | | |
| <i>William C. Geisen</i> | | <i>P. J. Rosenthal</i> | | 0063109 | | 9 1970 | |