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**FILED**  
11  
APR 29 1994

*Doris M. Austin*

FUNERAL HOME No. 287  
 LICENSE No. 1361  
 FUNERAL DIRECTOR'S LICENSE No. 1131  
 FUNERAL DIRECTOR'S NAME: C. Ann McCoy  
 SIGNATURE: *C. Ann McCoy*

Local No. **340**

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

|   |                    |   |  |
|---|--------------------|---|--|
| 1 DECEASED - NAME<br><b>Hazel Rosetta Dexter</b>  |                    | SEX<br><b>Female</b>  | DATE OF BIRTH<br><b>4-25-85</b>  |
| 2 RACE<br><b>White</b>  | 3 AGE<br><b>61</b> | 4 DATE OF BIRTH<br><b>Apr. 11, 1924</b>   | 5 COUNTY OF BIRTH<br><b>Lake</b>   |
| 6 CITY, TOWN OR LOCATION OF DEATH<br><b>Hammond</b>   |                    | 7 HOSPITAL OR OTHER INSTITUTION<br><b>St. Margaret Hospital</b>                                 |  |
| 8 STATE OF BIRTH<br><b>Illinois</b>   |                    | 9 CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  | 10 MARRIED, NEVER MARRIED, UNMARRIED, DIVORCED<br><b>Married</b>                                 |
| 11 SOCIAL SECURITY NUMBER<br><b>355-22-8670</b>   |                    | 12 USUAL OCCUPATION<br><b>Housewife</b>   | 13 KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>   |
| 14 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION<br><b>Illinois</b>                             |                    | 15a RESIDENCE - STATE<br><b>Illinois</b>  | 15b COUNTY<br><b>Cook</b>  |
| 16 STREET AND NUMBER<br><b>225-154th Place</b>  |                    | 17 CITY, TOWN OR LOCATION<br><b>Calumet City</b>  | 18 IS RESIDENCE ON A FARM<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| 19 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                    |   |  |
| 20 FATHER - NAME<br><b>Frank Schultz</b>  |                    | 21 MOTHER - MARRIAGE NAME<br><b>Maud White</b>  |  |
| 22 INFORMANT - NAME<br><b>Wayne F. Dexter (Husband)</b>   |                    | 23 MAILING ADDRESS<br><b>225-154th Place, Calumet City, Illinois 60409</b>                      |  |
| 24 BURNED, CREMATION, REMOVAL, OTHER<br><b>Burial</b>   |                    | 25 CEMETERY OR CREMATORY - FUNERAL HOME<br><b>St. John Cemetery</b>                             | 26 LOCATION<br><b>Dongola, Illinois</b>  |
| 27 DATE<br><b>April 29, 1985</b>  |                    | 28 FUNERAL HOME - NAME AND ADDRESS<br><b>McCoy Funeral Chapel 5713 Hobman, Hammond, Indiana</b> |  |
| 29 SIGNATURE<br><i>Michael Brand</i>  |                    | 30 DATE SIGNED<br><b>4/25 85</b>  | 31 HOUR OF DEATH<br><b>1:40 a.m.</b>   |
| 32 NAME OF ATTENDING PHYSICIAN<br><b>M. Brand, M.D.</b>   |                    |   |  |
| 33 MAILING ADDRESS - PHYSICIAN<br><b>656 Wentworth Avenue, Calumet City, Illinois 60409</b>   |                    |   |  |
| 34 HEALTH OFFICER<br><i>[Signature]</i>   |                    | 35 DATE RECEIVED BY LOCAL HEALTH OFFICER<br><b>APR 25 1985</b>                                  |  |
| 36 CAUSE<br><b>ACUTE myocardial INFARCT</b>   |                    |   |  |
| 37 OTHER SIGNIFICANT CONDITIONS   |                    |   |  |

SBH 06-003 State Form 35433  
REV 10 77

C1918