

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____
No. _____

Local No. 162184

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- M _____
- N _____
- O _____
- P _____
- Q _____
- R _____
- S _____
- T _____
- U _____
- V _____
- W _____
- X _____
- Y _____
- Z _____

FUNERAL HOME
No. 245

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
OR
D.O.

CAUSE

LICENSE No. 4237

FUNERAL DIRECTOR'S
LICENSE No. 1448

Charles W. Wells
FUNERAL DIRECTOR'S
SIGNATURE

DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH	
MARY ANN POWERS		Female		August 24, 1984	
RACE—White	AGE—29	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH	COUNTY OF DEATH
White	29			9/19/1954	Lake
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION		
Hobart			St. Mary Medical Center Hobart		
STATE OF BIRTH			CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED WIDOWED
Gary			USA		MARRIED
SOCIAL SECURITY NUMBER			USUAL OCCUPATION		SURVIVING SPOUSE
310-60-8237			Clerk		Randall W. Powers
RESIDENCE—STATE			COUNTY		CITY, TOWN OR LOCATION
Indiana			Lake		Hobart
STREET AND NUMBER			IS RESIDENCE ON A FARM?		INDICATE WITH CHECKS
333 N. California St.			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC.					
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME		MOTHER—NAME		MOTHER—MAIDEN NAME	
Lee Serles		Mary		Anderson	
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS	
Randall W. Powers		Hus		333 N. California St., Hobart, Indiana 46342	
BURIAL, CREMATION, REMOVAL, OTHER		CEMETERY OR CREMATORY—FURNERAL HOME		LOCATION	
Burial		Calvary Cemetery		Portage, Indiana	
DATE		FURNERAL HOME—NAME AND ADDRESS		DATE RECEIVED BY LOCAL HEALTH OFFICER	
August 28, 1984		PRUZIN-FUNERAL HOME 6360 Bdwy. Merrillville, Ind. 46310		9-29-84	
SIGNATURE OF PHYSICIAN			DATE SIGNED		TIME OF DEATH
A. J. Krsek M.D.			August 28, 1984		10:45 PM
MAILING ADDRESS—PHYSICIAN			HEALTH OFFICER—SIGNATURE		
10 Michigan St., Hobart, Indiana 46342			Paul Johnson M.D.		
HEALTH OFFICER—SIGNATURE			DATE RECEIVED BY LOCAL HEALTH OFFICER		
Paul Johnson M.D.			9-29-84		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
(a) <u>Choke pneumonia</u>					
(b) <u>Hepatic Renal failure</u>					
(c) <u>CHRONIC OF LIVER</u>					
24. OTHER SIGNIFICANT CONDITIONS—Conditions subsisting at time of death and which may have contributed to death					
NO					

600
67