

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Ward + Donaldson

Pt 3 1/2 SE S. 27 T. 34 R. 9 S. 10 W. Key # 24  
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INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. 364-87

FUNERAL HOME  
No. 12

FUNERAL DIRECTOR'S  
LICENSE No. 1607

EMBALMER'S NAME  
License No. 1607

EMBALMER'S NAME: Fred Oparka  
FUNERAL DIRECTOR'S SIGNATURE: Fred Oparka

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

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1 DECEASED - NAME Ila Blesches		SEX Female		DATE OF DEATH February 22, 1987	
2 RACE White		AGE 89		DATE OF BIRTH July 26, 1897	
3 CITY, TOWN OR LOCATION OF DEATH Crown Point		4 INSTITUTION OR OTHER INSTITUTION St. Anthony's Nursing Home		5 COUNTY OF DEATH LAKE	
6 STATE OF BIRTH Indiana		7 MARITAL STATUS U.S.A. Widowed		8 SURVIVING SPOUSE None	
9 SOCIAL SECURITY NUMBER 516-50-8477		10 USUAL OCCUPATION Housewife		11 KIND OF BUSINESS OR INDUSTRY Own Home	
12 USUAL RESIDENCE WHERE DECEASED LIVED & DEATH OCCURRED IN INSTITUTION GIVE NEAREST BEFORE ADMISSION 100 Indiana 100 Lake 100 Cedar Lake		13 IS DECEASED ON A FARM? NO		14 NUMBER OF YEARS DECEASED LIVED ON FARM Yes	
15 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO		16 FATHER - NAME James Brannock		17 MOTHER - MARDEN NAME Martha Garrison	
18 DECEASED - NAME Jane Watt (Dtr)		19 RELATIONSHIP Daughter		20 ADDRESS 510 Lakeshore Dr., Cedar Lake, In.	
21 BURIAL, CREMATION, REMOVAL, OTHER Burial		22 CHURCH OR CEMETERY - FULL NAME German Methodist		23 LOCATION Cedar Lake, Indiana	
24 DATE February 25, 1987		25 FUNERAL HOME Miller Brady		26 FIELD OF DEATH 2/25/87	
27 NAME OF ATTENDING PHYSICIAN Paul Johnson		28 MAILING ADDRESS - PHYSICIAN		29 HEALTH OFFICER - SIGNATURE Paul Johnson	
30 DATE RECEIVED BY LOCAL HEALTH OFFICER 2-25-87		31 ICD-9 CODE 270		32 ICD-10 CODE	
33 IMMEDIATE CAUSE Myelastatic ovarian cancer		34 CAUSE		35 OTHER SIGNIFICANT CONDITIONS	

1582B

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