

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE FOLLOWING IS A TRUE AND
COMPLETE COPY OF DEATH ON FILE WITH THE
HAMMOND HEALTH DEPARTMENT.

Sept. 5, 1995
Date Issued
Hammond Health Commissioner

2989
LICENSE NO.

GEORGE A. BURNS

281
FUNERAL HOME NO.

George A. Burns

281
FUNERAL DIRECTOR'S
SIGNATURE

George Ambos
541 Detroit St.
Local No. 383 Hammond, IN 46320

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. MAE				AMBOS	2. FEMALE	3. APRIL 21, 1972	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS	MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. WHITE	5a. 78	5b.	5c.		6. 7/16 1893	7a. LAKE	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7a. HAMMOND			7c. YES	7d. ST. MARGARETS HOSPITAL			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/>	NEVER MARRIED <input type="checkbox"/>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. OHIO		U.S.A.		10. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. GEORGE AMBOS	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. INDIANA		LAKE	HAMMOND		14d. YES	14e. NORTH	
STREET AND NUMBER		(14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown))		(14f. YES, GIVE WAR OR DATES OF SERVICE)		15. RESIDENCE ON A FARM?	
14f. 541 DETROIT ST.						14h. YES <input type="checkbox"/>	

FATHER—NAME	FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15. THOMAS			HIGGINS	MARY			MC CARTHY
INFORMANT—NAME				RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. GEORGE AMBOS				17b. HUSBAND	17c. 541 DETROIT ST. HAMMOND, IND.		

PART I. DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		(a) Occlusion Cerebral Artery, recurrent		6-8 hours	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST		(b) Hypertension, generalized		16-18 hours	
		(c) Other significant conditions contributing to death but not related to cause		19c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		AUTOPSY		IF YES WERE FINDINGS SIDED IN DETERMINING CAUSE OF DEATH	
		19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

DATE & TIME OF DEATH	MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY	YEAR
20. April 21, 1972	April	21	1972	6:00 P.M.	21a. April 23, 1972	April	23	1972
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE				SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)				
22a. R.P. Smitley				22b. R.P. Smitley MD				
MAILING ADDRESS—PHYSICIAN				CITY OR TOWN STATE ZIP				
23. 110 Ridge Rd. Muncie, Indiana 46321				24c. SCHERERVILLE, INDIANA				

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY, CREMATORY, FUNERAL HOME	LOCATION
24a. BURIAL	24b. CHAPEL LAWN	24c. SCHERERVILLE, INDIANA
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. APRIL 24, 1972		25a. BURNS FUNERAL HOMES, INC. HAMMOND, INDIANA 46320
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER
25b. R.E. [Signature]		25c. APR 24 1972

113-3
PD-10 100M
001527



95057290
FILED FOR RECORD
MAY 8 8:57 AM '72
LAKE COUNTY INDIANA