

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

300
64 1336
Local No.

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

Mary Acev
3215 Willowcreek
Parlage In 41218
Lake

1 PLACE OF BIRTH COUNTY Lake		2 SEX Male		3 RACE Caucasian		4 COLOR OR HAIR Brown		5 DATE OF BIRTH 8-29-1909		6 AOP (in years from birthday) 65 yrs	
7 CITY, TOWN OR VILLAGE Gary		8 Length of stay, in 1/2 yrs 4 1/2 yrs		9 STATE Indiana		10 COUNTY Lake		11 DATE OF DEATH Oct. 18, 1964		12 MONTHS 15 mo	
13 NAME OF HOSPITAL OR INSTITUTION Methodist Hospital		14 PLACE OF DEATH Home		15 APO (in years from birthday) 65 yrs		16 BIRTHPLACE (State or foreign country) Mexico		17 MOTHER'S MAIDEN NAME Frances Gutierrez		18 RELATIONSHIP TO DECEASED Wife	
19 NAME OF DECEASED (Type of product) Mary Acev		20 SEX Male		21 RACE Caucasian		22 COLOR OR HAIR Brown		23 DATE OF BIRTH 8-29-1909		24 AOP (in years from birthday) 65 yrs	
25 FATHER'S NAME Hooker		26 MOTHER'S MAIDEN NAME Frances Gutierrez		27 INFLUENZA AND PNEUMONIA No		28 TUBERCULOSIS No		29 OTHER CAUSE OF DEATH Carcinoma of Colon		30 INTERVAL BETWEEN ONSET AND DEATH 15 mo	
31 NAME OF INFORMANT Mary Acev		32 ADDRESS OF INFORMANT 943 Sherman St. Gary, Indiana		33 OCCUPATION OF DECEASED Inland Steel		34 OCCUPATION OF INFORMANT None		35 RELATIONSHIP TO DECEASED Wife		36 DATE OF DEATH Oct. 18, 1964	
37 CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Colon		38 CONDITION (if any, which gave rise to above cause a) stating the month, living cause last		39 DIED TO DUE TO		40 OTHER CAUSE OF DEATH (b) Carcinoma of Colon		41 HOW INJURY OCCURRED (c) None		42 INTERVAL BETWEEN ONSET AND DEATH 15 mo	
43 TIME OF INJURY None		44 PLACE OF INJURY (a) Home		45 TIME OF DEATH None		46 HOW INJURY OCCURRED (b) None		47 RELATIONSHIP TO DECEASED Wife		48 INTERVAL BETWEEN ONSET AND DEATH 15 mo	
49 INJURY OCCURRED WHILE AT WORK None		50 PLACE OF INJURY (a) Home		51 TIME OF DEATH None		52 HOW INJURY OCCURRED (b) None		53 RELATIONSHIP TO DECEASED Wife		54 INTERVAL BETWEEN ONSET AND DEATH 15 mo	
55 ATTENDING PHYSICIAN (I certify that I attended the decedent from 11-24-1963 to 6-2-1964 and last saw him alive on 12-12-64. Death occurred at 2:00 P.M. M.C.B.T. on the date stated above, and to the best of my knowledge, from the cause stated.) Rudolph B. Buntz		56 HEALTH OFFICER (I certify that I investigated cause of death of decedent and that death occurred at (C.B.T.) from cause stated and on above date.) Sam Orlich		57 ADDRESS 504 Broadway - Gary		58 DATE SIGNATURE 10-20-64		59 NAME OF CEMETERY OR CREMATORY Mount Mercy Cemetery		60 LOCATION Gary, Indiana	
61 NAME OF CEMETERY OR CREMATORY Mount Mercy Cemetery		62 LOCATION Gary, Indiana		63 SIGNATURE OF HEALTH OFFICER Sam Orlich		64 ADDRESS Rendina Funeral Home 456 Clark Rd.		65 DATE OF DEATH Oct 20 1964		66 INTERVAL BETWEEN ONSET AND DEATH 15 mo	

Document is NOT OFFICIAL



FILED

SEP 26 1995

SAM ORLICH
AUDITOR LAKE COUNTY

REGISTRAR NAME: Anthony S. Rendina Jr.
LICENSE NO. 1-30
FEDERAL DIRECTOR'S LICENSE NO. 2-2

001700

Imposition Permit
Provisional Certificate