

Chicago Title Insurance Company

STATE OF INDIANA
LAKE COUNTY

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. **300-809**

05 OCT 3 PM 1-12

DATE OF DEATH: FEB. 15, 1987

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 _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

FUNERAL HOME
No. **496**

FUNERAL DIRECTOR'S
LICENSE No. **2181**

LICENSE No. **4539**

EMBALMER'S NAME
FRANK J. KISH

FUNERAL DIRECTOR'S
SIGNATURE
Frank J. Kish

| | | | | | |
|---|--|---|--|---|--|
| DECEASED - NAME BETTY PFISTER | | SEX FEMALE | | DATE OF BIRTH FEB. 15, 1987 | |
| RACE WHITE | | AGE 63 | | DATE OF DEATH 11/22/1923 | |
| CITY, TOWN OR VILLAGE OF DEATH MINSTER | | COUNTY OF DEATH LAKE | | HOSPITAL OR OTHER INSTITUTION - Name, Street Address, City and State 8425 HARRISON AVENUE | |
| STATE OF DEATH INDIANA | | COUNTRY OF BIRTH U.S.A. | | MARRIAGE STATUS MARRIED | |
| SOCIAL SECURITY NUMBER 313-20-2562 | | OCCUPATION HOME MAKER | | TYPE OF HOME OWN HOME | |
| USUAL RESIDENCE WHEN DECEASED INDIANA LAKE MINSTER | | RESIDENCE ON A FARM <input type="checkbox"/> | | RESIDENCE IN A NURSING HOME <input type="checkbox"/> | |
| IS DECEASED OF DEPENDENT AGE? <input type="checkbox"/> | | MARRIAGE - MARRIED NAME MARY J. MUSOR | | CITY OR TOWN MUNSTER, INDIANA 46321 | |
| RELATIONSHIP FRANK PFISTER/Husband | | RESIDING ADDRESS 8425 HARRISON AVE. | | LOCATION DOLTON, ILLINOIS | |
| DISPOSITION CREMATION | | FUNERAL HOME - NAME AND ADDRESS BURNS KISH FUNERAL HOMES, INC. MUNSTER, INDIANA | | DATE RECEIVED BY LOCAL HEALTH OFFICE 2/17/87 | |
| DATE OF DEATH FEBRUARY 17, 1987 | | DATE SIGNED 2-16-87 | | TIME OF DEATH 11:30 A.M. | |
| NAME OF ATTENDING PHYSICIAN SALMAN D. GALLANI, M.D. | | ADDRESS 9116 COLUMBIA AVE, MUNSTER, IND. 46321 | | DATE RECEIVED BY LOCAL HEALTH OFFICE 2/17/87 | |
| CAUSE Metastatic Adenocarcinoma of the gall bladder | | MANNER OF DEATH NO | | DATE RECEIVED BY LOCAL HEALTH OFFICE 2/17/87 | |

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

FILED

OCT 2 1986

LAKE COUNTY

LAKE COUNTY HEALTH COMMISSIONER

9.00
9.00