

7310 Jaffl st  
Merr 46410

Local No. 244-24

CERTIFICATE OF DEATH

State No. Merr 46410

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME FIRST MARY MIDDLE Z. LAST GUNDERLOY	2 SEX Female	3 DATE OF DEATH (Month Day Year) February 10, 1988
4 SOCIAL SECURITY NUMBER 308-14-4552A	5a AGE—Last Birthday (Years) 70	5b UNDER 1 YEAR Months Days
6 DATE OF BIRTH (Month Day Year) Dec. 5, 1917	7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8 DATE UNDER 1 DAY Hours Minutes
9 YEAR LAST SERVED IN U.S. ARMED FORCES? No	9a PLACE OF DEATH (Check any one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9a FACILITY NAME (If not institution give street and number) St. Anthony Home, Inc.	9b CITY TOWN OR LOCATION OF DEATH Crown Point	9c COUNTY OF DEATH Lake
10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Harold Gunderloy	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use abbrev.) Metallurgical Expeditor
12b KIND OF BUSINESS, INDUSTRY Steel Industry	13a RESIDENCE—STATE Indiana	13b COUNTY Lake
13c CITY TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 8815 Whitcomb Street	13e ZIP CODE 46410
13f INSIDE CITY LIMITS? (Yes or no) Yes	13g FARM No	13h ZIP CODE 46410
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes specify Cuban, Mexican, Puerto Rican, etc.) No	15 RACE—American Indian, Black, White, etc. (Specify) White	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary, Secondary 10-12   College (14 or 16)
17 FATHER'S NAME (First Middle Last) Nick Zakula	18 MOTHER'S NAME (First Middle Maiden Surname) Anna Markovich	19a INFORMANT'S NAME (Type/Print) Harold Gunderloy
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8815 Whitcomb Street, Merr., In. 46410	19c Relationship Husband	20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)
20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) February 13, 1988 Chapel Lawn Memorial Gardens	20c LOCATION—City or Town, State Scherverville, Indiana	21a SIGNATURE OF FUNERAL DIRECTOR Ronald J. Mesarik
21b LICENSE NUMBER (of Licensee) FDE1005912	22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. FDH3007762 7905 Broadway, Merrillville, Indiana	23a Complete items 23b & 23c when certifying physician is not available at time of death to certify cause of death
23b To the best of my knowledge, death occurred at the time, date, and place stated Signature and Title < _____	23c LICENSE NUMBER	23d DATE SIGNED (Month Day Year)
24 TIME OF DEATH 7:22 A.M.	25 DATE PRONOUNCED DEAD (Month Day Year) February 10, 1988	26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) No
27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute myocardial infarction & Respiratory failure b. Due to (OR AS A CONSEQUENCE OF) Non-resected old peptic ulceration c. Major aortic abdominal aneurysm Rt. from d. Due to (OR AS A CONSEQUENCE OF) Aortic aneurysm e. Aortic aneurysm IS A TRUE AORTIC Aneurysm	27b WAS AN AUTOPSY PERFORMED? (Yes or no) No	27c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
27 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	28a CERTIFIER (Check any one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death) (shorted any other certifier) (To the best of my knowledge, death occurred as a result of the cause(s) and manner stated.) <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician pronouncing death) (To the best of my knowledge, death occurred as a result of the cause(s) and manner stated.) <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER (On the basis of examination by/ly investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner stated.)	28b SIGNATURE AND TITLE OF CERTIFIER Ronald J. Mesarik
28c LICENSE NUMBER 9632563	28d DATE SIGNED (Month Day Year) February 11, 1988	29 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) Sompop Srisuwanakorn, M.D., 8695 Connecticut Street, Merrillville, IN 46410
30 HEALTH OFFICER'S SIGNATURE Charles J. ...	31 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	32 DATE OF INJURY (Month Day Year) February 10, 1988
33a DATE OF INJURY (Month Day Year)	33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)
33d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	33e DESCRIBE HOW INJURY OCCURRED 001521	34 LOCATION (Street and Number or Rural Route Number, City or Town, State)

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

900  
su