

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 _____
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COMMUNITY TITLE COMPANY
FILE NO 19193 MV

EMBALMER'S NAME James Cholston

FUNERAL HOME LICENSE No. 419
FUNERAL/DIRECTOR'S LICENSE No. 968
FUNERAL HOME No. 242
FUNERAL DIRECTOR'S SIGNATURE Robert Wintchell

Local No. 1070-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME PAULINE M. MAYER		SEX Female	DATE OF DEATH (MONTH DAY YEAR) June 2, 1985
RACE White	AGE 65	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MINS
CITY, TOWN OR LOCATION OF DEATH Merrillville, Ind		HOSPITAL OR OTHER INSTITUTION Southlake Methodist Hospital	IF HOSP OR INST OP Emer. Res. Inpatient (Specify)
STATE OF BIRTH Penn.	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED Married	SURVIVING SPOUSE John Mayer
SOCIAL SECURITY NUMBER 313-07-3731-B	USUAL OCCUPATION Housewife	KIND OF BUSINESS OR INDUSTRY Self	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Crown Point	INSIDE CITY LIMITS Yes
STREET AND NUMBER 9523 Roosevelt Place		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
FATHER—NAME Paul Klich		MOTHER—MAIDEN NAME Mary Chubak	
INFORMANT—NAME (Type or print) John Mayer (Husband)		RELATIONSHIP (Husband)	MAILING ADDRESS 9523 Roosevelt Place Crown Point, Indiana 46307
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cemetery	LOCATION Merrillville, Indiana
DATE (MONTH DAY YEAR) June 6, 1985		FUNERAL HOME—NAME AND ADDRESS Stadinovich & Wiatrolak	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 7535 Taft Merrillville, IN 46410
NAME OF ATTENDING PHYSICIAN (Type or print) David Ashbach, M.D.		DATE SIGNED MAR 23 2000	HOUR OF DEATH
MAILING ADDRESS—PHYSICIAN 25 Douglas Hammond, Indiana		HEALTH OFFICER—SIGNATURE PETER BENJAMIN LAKE COUNTY AUDITOR - 4-85	
PART I IMMEDIATE CAUSE Palmyra Edeleva		PART II UNDERLYING CAUSE PER ICD 10 (a) AND (b)	
PART I (a) DUE TO OR AS A CONSEQUENCE OF		PART II (a) DUE TO OR AS A CONSEQUENCE OF	
PART I (b) DUE TO OR AS A CONSEQUENCE OF		PART II (b) DUE TO OR AS A CONSEQUENCE OF	
PART I (c) OTHER SIGNIFICANT CONDITIONS		PART II (c) OTHER SIGNIFICANT CONDITIONS	
AUTOPSY (Specify Yes or No) No		SIGNATURE OF HEALTH OFFICER	

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FILED

MAR 23 2000

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