

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 \_\_\_\_\_
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- 1 \_\_\_\_\_
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INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

*Sarah Sherman*  
3713 Fir St.  
State No. *Edo 46312*

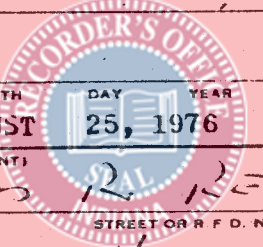
Local No. *573*

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. AGNES (ANGIN) SARKISIAN		2. FEMALE		3. AUGUST 25 1976			
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
1. WHITE	5a. 78	5b.	5c.	March 15, 1898		7a. LAKE	
7b. EAST CHICAGO			7c. YES		7d. ST. CATHERINE HOSPITAL		
7a. 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)			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9. U.S.A.		10. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
12. UNAVAILABLE		13a. home maker		13b. own home			
12. SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. UNAVAILABLE		13a. home maker		13b. own home			
12. RESIDENCE STATE		13a. COUNTY		13b. CITY, TOWN OR LOCATION		13c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
14a. INDIANA		14b. LAKE		14c. EAST CHICAGO		14d. YES	
14a. STREET AND NUMBER		14b. COUNTY		14c. CITY, TOWN OR LOCATION		14d. TOWNSHIP	
3713 FIR STREET		LAKE		EAST CHICAGO		NORTH	
14f. FATHER—NAME FIRST MIDDLE LAST		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		14i. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
14f. MELKONTIAN		14g. NO		14h. NONE		14i. NO	
15. INFORMANT—NAME		16. RELATIONSHIP		17. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. SARAH SARKISIAN		17b. DAUGHTER		17c. 3713 FIR ST., EAST CHICAGO, IND. 46312			
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					
18. IMMEDIATE CAUSE		18. <i>Respiratory then brain</i>					
(a) <i>Respiratory then brain</i>							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST		(b) <i>Generalized arteriosclerosis</i>					
		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH YES <input type="checkbox"/> NO <input type="checkbox"/>	
<i>Arteriosclerosis heart disease, chronic</i>		<i>Arteriosclerosis heart disease, chronic</i>		19a. YES <input type="checkbox"/> NO <input type="checkbox"/>		19b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE & TIME OF DEATH		MONTH DAY YEAR		HOUR		DATE SIGNED	
AUGUST 25, 1976		AUGUST 25, 1976		M		21a. <i>[Signature]</i>	
20. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		21. STREET OR R.F.D. NO.		22. CITY OR TOWN		23. STATE	
20. <i>Ronald R. [Signature]</i>		21. 165		22. Hammond		23. Indiana	
22a. MAILING ADDRESS—PHYSICIAN		24b. CEMETERY, CREMATORY, FUNERAL HOME (SPECIFY)		24c. LOCATION		24d. CITY OR TOWN	
22a. 2450 165		24b. BURIAL		24c. HAMMOND		24d. INDIANA	
24b. ELMWOOD CEMETERY		24c. HAMMOND		24d. INDIANA			
DISPOSITION		DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		HEALTH OFFICER—SIGNATURE	
24d. AUGUST 27, 1976		25a. Brusiecki, p. o. box j, east chicao, indiana 46312		25b. <i>[Signature]</i>		25c. DATE RECEIVED BY LOCAL HEALTH OFFICER	
				25b. <i>E. A. Campagner</i>		25c. <i>20111 00656-76</i>	

FUNERAL HOME No. 156  
 FUNERAL DIRECTOR'S LICENSE No. 1543  
 LICENSE No. 3951  
 RAYMOND PRUSIECKI  
 PETER BENJAMIN LAKE COUNTY AUDITOR  
 SIGNATURE: *Raymond Prusiecki*

**FILED**  
APR 27 2000

Disposition Permit  
Issued / /  
Provisional Certificate  
 Yes  No



NORRIS RECORDED  
 APR 28 1976  
 STATE OF INDIANA  
 LAKE COUNTY  
 REC'D

*90*  
*OS*