

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

Below for State Office Use

LAKE COUNTY HEALTH COMMISSIONER

FILED  
SEP 23 1970  
A. J. Brackbill

THIS CERTIFICATE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH

2000-667239

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

Local No. 525-70

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)					
		JACK				HELLER	MALE	09/30/1970					
1. RACE (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH					
4. WHITE		5a. 53		MOS.	HOURS	09/30/1970		LAKE					
DECEASED		7b. 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)								
		7b. HIGHLAND		7c. YES	8414 PARRISH COURT								
8. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		9. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		10. CITIZEN OF WHAT COUNTRY		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		12. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
8. TEXAS		9. USA		10. USA		11. MARRIED		12. MARGARET BALOUZZI					
12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (GIVE KIND OF WORK, LINE DURET, MOST OF WORKING LIFE, EVEN IF RETIRED)		13b. KIND OF BUSINESS OR INDUSTRY									
12. 451-22-0863		13a. BUILDING CONTRACTOR		13b. SELF EMPLOYED									
12a. RESIDENCE—STATE		12b. COUNTY		12c. CITY, TOWN OR LOCATION		12d. INSIDE CITY LIMITS (SPECIFY YES OR NO)		12e. TOWNSHIP					
12a. IND		12b. LAKE		12c. HIGHLAND		12d. YES		12e. NORTH					
12f. STREET AND NUMBER		12g. IS RESIDENCE ON A FARM?											
12f. 8414 PARRISH COURT		12g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
PARENTS		15. FATHER—NAME		FIRST	MIDDLE	LAST	16. MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST		
		15. THOMAS				HELLER	16. NANCY				ETHINGTON		
17a. INFORMANT—NAME		17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
17a. MARGARET HELLER		17b. WIFE		17c. 8414 PARRISH CT HIGHLAND IND 46322									
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (d)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
18. IMMEDIATE CAUSE		(a) Hematemesis		12 hours									
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Cancer of Pancreas with liver metastasis		1 year									
CAUSE		(c) Malnutrition + jaundice severe											
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH							
		Malnutrition + jaundice severe		19a. NO		19b.							
20a. DEATH OCCURRED (HOUR)		20b. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR)		21a. DATE SIGNED (MONTH, DAY, YEAR)									
20a. 11:50 A.M.		20b. Sept 6, 1970		21a. Sept. 8, 1970									
CERTIFIER		22a. CERTIFIER—NAME (TYPE OR PRINT)		22b. SIGNATURE		22c. (DEGREE OR TITLE)							
		22a. A. R. FLORCENZ, M.D.		22b. A. R. Florcruz, M.D.		22c.							
23. MAILING ADDRESS—CERTIFIER		23a. STREET OR R.F.D. NO.		23b. CITY OR TOWN		23c. STATE		23d. ZIP					
23. 2805 Highway Ave		23a. Highland		23b. Indiana		23c. 46322							
BURIAL		24a. BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. CEMETERY, CREMATORY, FUNERAL HOME		24c. LOCATION		24d. CITY OR TOWN		24e. STATE		24f. FUNERAL HOME NUMBER	
		24a. BURIAL		24b. CHAPEL LAWN CEMETERY		24c. SCHERBAVILLE		24d. IND		24e. 303			
24g. DATE (MONTH, DAY, YEAR)		24h. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)											
24g. 9-10-1970		24h. FAGEN FUNERAL GARDENS INC HIGHLAND IND 46322											
25a. FUNERAL DIRECTOR—SIGNATURE		25b. HEALTH OFFICER—SIGNATURE		25c. DATE RECEIVED BY LOCAL HEALTH OFFICER									
25a. A. W. Fagan		25b. A. J. Brackbill		25c. SEPTEMBER 11, 1970									

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

3877 9:00 AC