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THIS IS A
PERMANENT
RECORD

Below for State Office Use

EMBALMER'S NAME Ronald J. Mesarch LICENSE No. FDE1005912

FUNERAL DIRECTOR'S SIGNATURE [Signature] LICENSE No. FDE1041740 FUNERAL HOME No. FDH3002762

Local No. 215-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

39-236-6

1 DECEASED - NAME HAZEL		LAST WILSON		SEX Female	DATE OF BIRTH June 1, 1893	COUNTY OF DEATH Lake	DATE OF DEATH January 28, 1987
2 RACE White		AGE - IN YEARS 93		HOSPITAL OR OTHER INSTITUTION 2002 Miller Merryapor Nursing Home		IF HOSE OR INST. PATIENT Inpatient	
3 CITY, TOWN OR LOCATION OF DEATH 2002 Miller Merryapor		STATE OF BIRTH Indiana		CITY, TOWN OR LOCATION Housewife		KIND OF BUSINESS OR INDUSTRY At Home	
4 SOCIAL SECURITY NUMBER 316-10-3790		CITIZEN OF USUAL COUNTRY USA		MARRIED NEVER MARRIED WIDOW		DATE OF DEATH January 28, 1987	
5 RESIDENCE - STATE Indiana		COUNTY Lake		USUAL RESIDENCE Housewife		SURVIVING SPOUSE None	
6 STREET AND NUMBER 3920 W. 45th Ave		CITY, TOWN OR LOCATION Gary		IS DECEASED OF SPANISH DESCENT? NO		INSIDE CITY LIMITS Yes	
7 FATHER - NAME Harry		MOTHER - MAIDEN NAME Ann		IS DECEASED OF MEXICAN, CUBAN, PORTO RICAN, ETC. DESCENT? NO		INSIDE CITY LIMITS Yes	
8 INFORMANT NAME Ann Harding		RELATIONSHIP niece		MARRIED ADDRESS 534 E. 37th Ave Hobart, Indiana 46342		CITY OF DEATH Brazil, Indiana	
9 BURIAL, CREMATION, ALIEN, OTHER Burial		DATE January 30, 1987		FUNERAL HOME Geisen Funeral Home 7905 W. Merrillville, Indiana 46410		CITY OF DEATH Merrillville, Indiana	
10 M.D. OR		D.O. John O. Carter, M.D.		DATE SIGNED 1/29/87		HOURS OF DEATH 6:42 A.M.	
11 HEALTH OFFICER Paul Johnson		DATE RECEIVED BY LOCAL HEALTH OFFICER 2-3-87		PART I Underlying Cause of Death		PART II Contributory Cause of Death	
12 CAUSE Centenarian's Heart Disease		DATE TO OR IN A CONFIRMED OF 1/29/87		PART III Other Significant Conditions		PART IV Autopsy	

SBH 06-003 Side Form 35430 REV. 10/77



FILED

CONDITIONS:
1. MARRIAGE
2. DIVORCE
3. SEPARATION
4. UNMARRIED
5. MARRIED
6. UNMARRIED
7. MARRIED
8. UNMARRIED
9. MARRIED
10. UNMARRIED
11. MARRIED
12. UNMARRIED

Underlying Cause of Death - Of senile degeneration of the pulmonary tissue

Autopsy - No