

INDIANA STATE BOARD OF HEALTH

Local No. ...0388-92...

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (MARY E. DUBICH), SEX (FEMALE), TIME OF DEATH (6:04P), DATE OF DEATH (FEBRUARY 12, 1992), SOCIAL SECURITY NUMBER (316-03-6044), AGE (75), DATE OF BIRTH (February 13, 1916), BIRTHPLACE (BEAVER DAM, KENTUCKY), FACILITY NAME (THE COMMUNITY HOSPITAL), CITY/TOWN (MUNSTER), COUNTY (LAKE), MARITAL STATUS (MARRIED), SURVIVING SPOUSE (PETER DUBICH), USUAL OCCUPATION (HOMEMAKER), KIND OF BUSINESS (OWN HOME), RESIDENCE (INDIANA, LAKE, HAMMOND), ZIP CODE (46394), CITIZENSHIP (USA), RACE (WHITE), EDUCATION (12), FATHER'S NAME (WESLEY STEVENS), MOTHER'S NAME (LEONA REED), INFORMANT'S NAME (JEANETTE SIEVERS), MAILING ADDRESS (12301 So. East 219th Pl., Kent WASH. 98031), RELATIONSHIP (DAUGHTER), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (FEBRUARY 15, 1992, CHAPEL LAWN CEMETERY), LOCATION (SCHERERVILLE, INDIANA), EMBALMER'S NAME (THOS. OWENS), LICENSE NUMBER (FDE1001049), FUNERAL HOME (OWENS FUNERAL HOME), SIGNATURE OF FUNERAL DIRECTOR (Thos. Owens), IMMEDIATE CAUSE (Cardiovascular disease), PART II (Other significant conditions), CERTIFIER (Thomas J. Bacevich, M.D.), HEALTH OFFICER'S SIGNATURE (Alexander S. Williams, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED (000943), PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

Vertical stamp: NBT 71-920025925 (26) 32-81-6



Stamp: 'FILED' with date 'NOV 13 2002' and signature 'PETER BENJAMIN LAKE COUNTY AUDITOR'.