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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 4626-89 State No. ....

36064LK05

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Value
1. Deceased—Name (First, Middle, Last)	MARY MILDRED FISHER
2. Sex	Female
3a. Time of Death	10:20 aM
3b. Date of Death (Month, Day, Yr.)	November 23, 1989
4. Social Security Number	[redacted]2275
5a. Age—Last Birthday (Years)	90
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Mo, Day, Yr)	October 14, 1899
7. Birthplace (City and State or Foreign Country)	Bellair Township, Iowa
8a. Was Decedent a U.S. Veteran?	no
8b. Year Last Served in U.S. Armed Forces?	
9a. Place of Death	Hospital: X Inpatient
9b. Facility Name	St. Mary Medical Center
9c. City, Town, or Location of Death	Hobart
9d. County of Death	Lake
10. Marital Status	Widowed
11. Surviving Spouse	none
12a. Decedent's Usual Occupation	Homemaker
12b. Kind of Business/Industry	Own Home
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	Hobart
13d. Street and Number	1335 South Illinois Street
13e. Zip Code	46342
13f. Inside City Limits	X Yes
13g. On a Farm?	X No
14. Citizen of What Country?	USA
15. Was Decedent of Hispanic Origin?	X No
16. Race	White
17. Decedent's Education (Elementary/Secondary 0-12)	12

PARENTS

Field	Value
18. Father's Name	John Cowles
19. Mother's Name (First, Middle, Maiden Surname)	Sylvenia Philby

INFORMANT

Field	Value
20a. Informant's Name	Rezella L. Lemon
20b. Mailing Address	1335 S. Illinois St., Hobart, IN 46342
20c. Relationship	Daughter

DISPOSITION

Field	Value
21a. Method of Disposition	X Burial
21b. Date and Place of Disposition	November 25, 1989 Calumet Park Cemetery
21c. Location—City or Town, State	Merrillville, Indiana
22a. Embalmer's Name	Charles W. Wells
22b. Embalmer's License No.	1042372
23. Was Death Reported to Coroner?	X No
24a. Signature of Funeral Director	[signature]
24b. License Number (of Licensee)	01009893
25. Name, Address, and License Number of Funeral Home	PRUZIN BROS. FUNERAL SERVICE#83002453 6360 Broadway, Merrillville, IN 46410

CAUSE OF DEATH

26. Part I. Immediate cause (Final disease or condition resulting in death):
a. Central vascular accident (handwritten)
b. Due to (or as a consequence of): Hypertensive vascular disease (handwritten)
c. Due to (or as a consequence of):
d.

Part II. Other significant conditions contributing to death but not previously stated in Part I: [handwritten] ... failure

27. Was decedent pregnant or 90 days postpartum? no
28a. Was an autopsy performed? no
28b. Were autopsy findings available prior to completion of cause of death?

CERTIFIER

29a. Certifier: X Certifying Physician — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ Health Officer ☐ Coroner

Field	Value
29b. Signature and Title of Certifier	[signature]
29c. Medical License No.	01019123
29d. Date Signed	Nov. 24, 1989
30. Name and Address of Person Who Completed Cause of Death	Richard D. Stookey M.D. 295 South Wisconsin St., Hobart, Indiana 46342

HEALTH OFFICER

31. Health Officer's Signature: [signature]
32. Date Filed: Nov. 27, 1989

CORONER USE ONLY

33. Manner of Death: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. Date of Injury — 34b. Time of Injury — 34c. Injury at Work? — 34d. Describe How Injury Occurred — 34e. Place of Injury — 34f. Location — 34g. Date Pronounced Dead — 34h. Motor Vehicle Accident?

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

Handwritten in margin: K27-18-264-30 Lot 30 Spi-Del Mar

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. 1989 [signature] LAKE COUNTY HEALTH COMMISSIONER

FILED FEB 01 2006 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 002080

2006 008680

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STOP Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

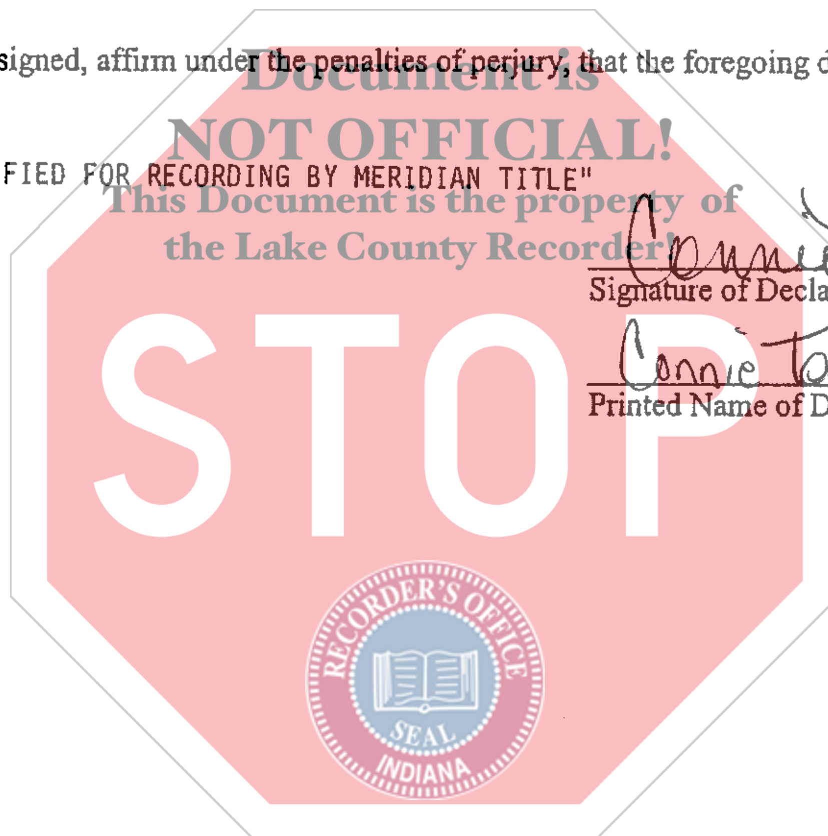
I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.

2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

"VERIFIED FOR RECORDING BY MERIDIAN TITLE"



Connie Tow
Signature of Declarant

Connie Tow
Printed Name of Declarant