

68632

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 _____

J _____

1 _____

2 _____

3 _____

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6 _____

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8 _____

Disposition Permit
Issued _____
Provisional
Certificate
 Yes No

FUNERAL HOME
No. 242

EMBALMER'S
No. 5371
Funeral Director's
License 1286

FUNERAL DIRECTOR'S
SIGNATURE

68632

Local No. 18-69

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

1910 St. G. & D. Pl.
Merrillville, Ind.

State
No. _____

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Wassel Bikoff Male 3. January 7, 1969

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOB. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 51 5b. 5c. 6. January 6, 1918 7a. Lake

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. MERRILLVILLE 7c. NO 7d. 1210 West 60th Place

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Gary 9. U.S.A. 10. Helax Hanton

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 306-09-2405 13a. Supervisor 13b. United States Steel Corp.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Merrillville 14d. YES 14e. Ross Township

STREET AND NUMBER 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) IS RESIDENCE ON A FARM?

14f. 1910 West 60th Place 14g. NO 14h. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Michael Bikoff 16. Mary Boshlivikova

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Helen Bikoff 17b. Wife 17c. 1910 W. 60th Pl. Merrillville, Ind.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE (b) Acute Myocardial infarction

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) Atherosclerotic heart disease

PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19a. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. Jan 7 1969 M. 21a. Jan 9 1969

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)

22a. Dr. Mirich 22b. Edward C. Mirich M.D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 611 Harrison Street Merrillville, Indiana

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Calumet Park Cem. 24c. Crown Point, Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. January 10, 1969 25a. Lach & Stillnovich Inc. 4213 Broadway Gary, Indiana 46409

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. 26a. 26b. JANUARY 13, 1969

SBH 6-24-2

