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583244

Local No. 1657-79

Let to: Josina Tomak
9228 Tyler Ct
Merrillville IN 46410

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

23

1. DECEASED - NAME PAUL TOMAK		SEX Male	DATE OF DEATH MONTH DAY YEAR November 11, 1979
2. RACE White	AGE - Last Birthday 65	DATE OF BIRTH MONTH DAY YEAR 1-21-1914	COUNTRY OF BIRTH Lake
3. CITY, TOWN OR LOCATION OF DEATH Merrillville	7. HOSPITAL OR OTHER INSTITUTION - Name of institution and address Broadway Methodist Hospital		8. INPATIENT OR OUTPATIENT Inpatient
4. STATE OF BIRTH Indiana	5. CITIZEN OF WHAT COUNTRY USA	6. MARRIED, NEVER MARRIED, UNMARRIED DIVORCED married	9. NAME OF SPOUSE Josina Macchia
11. SOCIAL SECURITY NUMBER 313-07-6987		10. US BUSINESS OR INDUSTRY Retired Steel Worker, US Steel Corp.	
12. RESIDENCE - STATE Indiana	13. COUNTY Lake	14. CITY, TOWN OR LOCATION Merrillville	
15. STREET AND NUMBER 7228 Tyler Ct.			
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. NO			
17. FATHER - NAME Andrew Tomak		18. MOTHER - MARRIAGE NAME Agnes Kubalik	
19. INFORMANT - NAME (Type in print) Josina Tomak		20. MAILING ADDRESS 7228 Tyler Ct., Merrillville, Indiana 46410	
21. DISPOSITION Burial		22. CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetary, Merrillville, Indiana	
23. DATE November 13, 1979		24. FUNERAL HOME NAME AND ADDRESS PRUZIN FUNERAL HOME, 6360 Broadway Park, Ind. 46410	
25. NAME OF ATTENDING PHYSICIAN (Type in print) Nazzal Obaid		26. DATE SIGNED Nov. 16, 1979	
27. MAILING ADDRESS - PHYSICIAN 6111 Harrison St., Merrillville, Indiana 46410		28. DATE RECEIVED BY LOCAL HEALTH OFFICE 11-21-79	
29. HEALTH OFFICER (Type in print) Chas. W. Wells		30. SIGNATURE OF DECEASED Accident with secondary infection and cardiac arrest	
31. CAUSE OF DEATH			

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RECORDED
STATE OF INDIANA
LAKE COUNTY
RECORDER

NOV 15 9 57 AM '79

58M 08-803
REV. 10/77

LT 117 7-17-79
37/74
15-405
NOV 21 1979

Disposition Permit Issued
Provisional Certificate
 Yes No

EMBALMER'S NAME: Chas. W. Wells
FUNERAL DIRECTOR'S SIGNATURE: [Signature]
LICENSE No. 4237
FUND. A. DIRECTORS: 723
LAKE COUNTY HEALTH COMMISSION

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