

626548

Reg 19-47-20 Rev 23  
1st ed. 10-8-67  
Lake 20, 21, 22, 23 Bl 3  
Local No. 29-71

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

29-71  
SM 119-3  
Mary J. Jozanec  
State No. 2301  
Lake Station 46405

**DECEASED - NAME** FIRST MIDDLE LAST SEX DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

**John Pavlecich** Male **January 18, 1921** Lake County

**Race** White **Age** 50 **DATE OF BIRTH** 1-18-1921

**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)**

**Ross Township** **No** **Ross Care Center**

**STATE OF BIRTH (IF NOT IN U.S.A.)** **CITIZEN OF WHAT COUNTRY** **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)** **SURVIVING HOUSE (IF WIFE, GIVE MAIDEN NAME)**

**Jugoslavia** **U. S. A.** **Married** **None**

**SOCIAL SECURITY NUMBER** **USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)** **KIND OF BUSINESS OR INDUSTRY**

**306-09-3261** **Retired Steelworker** **US Steel**

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

**Ind.** **Lake Co.** **East Cary** **Yes** **Robert**

**STREET AND NUMBER** **IS RESIDENCE ON A FARM?**

**2851 Dearborn Street** **No**

**FATHER - NAME** FIRST MIDDLE LAST **MOTHER - MAIDEN NAME** FIRST MIDDLE LAST

**Joseph Pavlecich** **Theresa Pokopac**

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

**Mary Pavlecich** **Wife** **2851 Dearborn St., East Cary, IND**

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

**(a) IMMEDIATE CAUSE**

**(b) CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST**

**(c) METASTASIS TO RIBS, SPINE;**

**(d) Coronary Heart Disease (infarction)**

**PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (a)** **CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE** **AUTOPSY (YES OR NO)** **IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO)**

**Secondary Anemia** **No** **No**

**DEATH OCCURRED (HOUR) & PM** **THE DECEDENT WAS PRONOUNCED DEAD (MONTH) DAY YEAR** **DATE SIGNED (MONTH, DAY, YEAR)**

**4 PM** **January 14 1971** **4 PM** **January 15, 1971**

**CERTIFIER - NAME (TYPE OR PRINT)** **SIGNATURE** **(DEGREE OR TITLE)**

**Dr. J. Sala** **Joseph J. Sala, M.D.**

**MAILING ADDRESS - CERTIFIER** **STREET OR R.F.D. NO.** **CITY OR TOWN** **STATE** **ZIP**

**2717 Wabash Avenue** **Cary,** **Indiana** **46405**

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

**Burial** **Calvary Cemetery** **Portage, IND** **242**

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

**1-18-1971** **Stillinovich & Palmer, 4213 Broadway, Cary, ID**

**FUNERAL DIRECTOR - SIGNATURE** **HEALTH OFFICER - SIGNATURE** **DATE RECEIVED BY LOCAL HEALTH OFFICE**

**George Stillinovich** **A. F. Gregoline, M.D.** **January 15, 1971**

FILED

APR 29 1981

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LAKE COUNTY HEALTH COMMISSIONER

FUNERAL DIRECTOR'S LICENSE No. 1286

THIS IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH AS FILED WITH THE LAKE COUNTY HEALTH DEPT.

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