

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT

RECORD

Below for State Office Use

FILED

JUL 13 1981

James D. Wright
AUDITOR LAKE COUNTY

FUNERAL HOME

FUNERAL DIRECTOR'S

EMBALMER'S NAME
Chas. W. Wells

FUNERAL DIRECTOR'S
SIGNATURE
John D. Barger

Unit 25-15-0187-0006
St 6 Blk 23
St 7 Blk 23

Local No. **81-0287**

502 636103

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

425

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION
PARENTS
DISPOSITION
M.D. OR D.O.
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE

DECEASED—NAME FIRST MIDDLE LAST GEORGE (GJURO) PELINOVICH		SEX Male	DATE OF DEATH (MONTH DAY YEAR) April 9, 1981
RACE—10 g White, Black, American Indian, etc. (Specify) White	AGE—Last Birthday (Yrs) 86	DATE OF BIRTH (Mo Day Yr) 5-10-1894	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION (Name if not in index, give street and number) 5037 Adams St.	IF HOSP OR INST (Indicate DCA, OP, Emer, Rm, Inpatient, Specify) 7d
STATE OF BIRTH (If not in U.S.A. name country) Yugoslavia	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	SURVIVING SPOUSE (If wife, give maiden name) Dorothy Tandarich
SOCIAL SECURITY NUMBER 313-07-8983		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Millwright	KIND OF BUSINESS OR INDUSTRY US Steel Corp.
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary	
STREET AND NUMBER 5037 Adams		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	IN CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST Thomas Pelinovich		MOTHER—MAIDEN NAME FIRST Pela	
INFORMANT—NAME (Type or Print) Mike Pelinovich	RELATIONSHIP Son	MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 5001 Adams St., Gary, Indiana 46401	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY—FUNERAL HOME Oak Hill Cemetery	LOCATION CITY OR TOWN STATE Gary, Indiana	
DATE (MONTH DAY YEAR) April 13, 1981	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) PRUZIN FUNERAL HOME, 6360 Broadway, Merr., Ind. 46410		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Raymond J. Doherty</i>		DATE SIGNED (Mo Day Yr) April 10, 1981	HOUR OF DEATH 4:17 PM
NAME OF ATTENDING PHYSICIAN (Type or Print) Raymond J. Doherty M.D.		MAILING ADDRESS—PHYSICIAN 8695 Connecticut St., Merrillville, Ind. 46410	
HEALTH OFFICER SIGNATURE <i>E. H. Caldwell, M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER APR 16 1981	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) Myocardial Infarction		Interval between onset and death acute	
(a) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death	
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) no	

WILLIAM DELSKIN
RECORDER
JUL 13 11 26 AM '81

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1987

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CERTIFIED COPY
E. N. Caldwell, M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE APR 16 1987