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TYPE OR PRINT
PLAINLY WITH
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THIS IS A
PERMANENT
RECORD
Below for State Office Use

Lot 29 and the North 5 feet of Lot 28, Block 2, Grant park Addition to Gary PB 6/44
 43-344-29
 FEB 7 1976
 COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPT.
 ERWIN B. JOCK
 JOHN PALTEXKE

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

ERWIN B. JOCK, FURNERAL DIRECTOR'S SIGNATURE
 JOHN PALTEXKE, FURNERAL DIRECTOR'S SIGNATURE
 ERWIN B. JOCK, AUDITOR LAKE COUNTY
 JOHN PALTEXKE, FURNERAL DIRECTOR'S SIGNATURE

636245

Local No. 78-77

DELIVER & CHARGE: Mrs. Julia Vercimak 924 East 53rd Avenue Gary, Indiana 46409

MEDICAL CERTIFICATE OF DEATH

State No. 18-77

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. John		(Verchimak)	Vercimak	2. Male	3. January 18, 1977	453	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH		
4. White	5c. 83	5b.	5c.	6. 5-8-1893	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. Hobart		7c. Yes		7d. Mercy Hospital Southeast			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Czechoslovakia		9. USA		10. Julia Simko			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 708 01 0262		13a. Retired Car Repairman		13b. E. J. & E. Railroad			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana		14b. Lake	14c. Gary		14d. Yes	14e. Calumet	
STREET AND NUMBER		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. RESIDENCE ON A FARM?			
14f. 924 East 53rd Avenue		No		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. Michael		Vercimak		16. Anna		Vasil	
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Julia Vercimak		17b. Wife		17c. 924 E. 53rd Ave., Gary, Indiana			
PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				STATE OF INDIANA HEALTH DEPARTMENT	
18. IMMEDIATE CAUSE		JUL 14 9 28 AM '81				WILLIAM-BIELSKIJ RECORDER	
(a) Coronary Infarction							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		DUE TO, OR AS A CONSEQUENCE OF:					
		(b) Generalized Arteriosclerosis (Cerebral)					
		DUE TO, OR AS A CONSEQUENCE OF:					
		(c) Right Inguinal Hernia (Incarcerated) Reduced					
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH DAY YEAR
20. January 19, 1977 6:30P M		21a. January	20,	1977			
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		PHY. CODE NO.			
22a. Dr. J. Sala, MD		22b. J. Sala, MD					
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP	
23. 5490 Broadway		Merrillville		Indiana	46410		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	CITY OR TOWN	STATE	
24a. Burial		24b. Calvary Cemetery		24c. Portage	Indiana		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. January 21, 1977		25a. Stilinovich, Palmer & Wiatroluk 4213 Broadway, Gary, Indiana					
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER					
25b. Peter Stecy, MD		26b. January 24, 1977					

CHICAGO TITLE INSURANCE COMPANY INDIANA DIVISION

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