

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

LOT THIRTY-TWO (32) SECTION NO. 2  
CHAPEL MANOR - PLAT BOOK 33 PAGE 60

RETURN TO: MARY LIGDA  
8031 CHAPEL DRIVE  
MERRILLVILLE, INDIANA 46410

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. 16-24-81

State No. 00

DECEASED - NAME 1 MICHAEL S. LIGDA		SEX Male	DATE OF DEATH (MONTH DAY YEAR) October 27, 1981
RACE - (e.g. White, Black, American Indian, etc.) 4 White	AGE - Last Birthday (Yr) (Mo) (D) 5a 72	UNDER 1 YEAR 4a MOs 4b DAYS 4c HOURS 4d MINS	DATE OF BIRTH (Mo) (Day) (Yr) 6 Nov. 15, 1908
CITY, TOWN OR LOCATION OF DEATH 7a Merrillville	HOSPITAL OR OTHER INSTITUTION - (Name of institution, give street and number) 7c Methodist Hospital Southlake Campus		IF HOSP OR INST (Specify D.O.A. (DP) (Emar. Rm.) (Inpatient) (Special)) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. (Specify Country)) 8 Pennsylvania	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Mary Hovan
SOCIAL SECURITY NUMBER 13 313-07-9801		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Retired Foreman	KIND OF BUSINESS OR INDUSTRY 14b U.S. Steel Gary Works
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville	INS. COUNTY LIMITS (Specify Yes or No) 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 11d 8031 Chapel Drive		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME (FIRST MIDDLE LAST) 16 John Ligda		MOTHER - MAIDEN NAME (FIRST LAST) 17 Mary Kociak	
INFORMANT - NAME (Type or print) RELATIONSHIP 18a Mary Ligda - Wife	MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18b 8031 Chapel Drive Merrillville, Indiana 46410	BUIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	
CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery		LOCATION (CITY OR TOWN STATE) 19c Merrillville, Indiana 46410	
DATE (MONTH DAY YEAR) 20a October 30, 1981	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, Indiana 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>M. U. Pargaonker</i>	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a M.U. Pargaonker, M.D.		DATE SIGNED (Mo) (Day) (Yr) 21b October 28, 1981	HOUR OF DEATH 21c 1:55 A.M.
MAILING ADDRESS - PHYSICIAN 21b 1611 Harrison Street Merrillville, Indiana 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-28-81	
HEALTH OFFICER SIGNATURE <i>H. D. [Signature]</i>		INTERVAL BETWEEN ONSET AND DEATH	
CAUSE 1a Acute cardiovascular failure 2a 1b Consolidation of lung & pleural effusion 1c Anemic leucemia & anemia		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) 24 No	

Chapel Manor, S.A. #2  
 THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.  
 OCT 28 1981  
 Rona J. Mesarch  
 EMBALMER'S NAME  
 H. D. [Signature]  
 FUNERAL DIRECTOR'S SIGNATURE  
 DIRECTOR'S SIGNATURE  
 DECEASED  
 USUAL RESIDENCE WHEN DECEASED  
 IF DEATH OCCURRED AT HOME, GIVE RESIDENCE BEFORE DEATH.  
 DEPARTMENT OF HEALTH  
 LAKE COUNTY HEALTH COMMISSIONER'S OFFICE  
 367 W. [Address]

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