

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

Below for State Office

JAN 7 1982

655847

Local No. 281

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Gas J. Balanus
5655 Broadway
Merrillville

State No. 141

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

1. DECEASED—NAME FIRST: Michael MIDDLE: LAST: Patelis		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) 4-3-81
4. RACE White	5. AGE—Last Birthday (Yrs) 67	6. DATE OF BIRTH (Mo., Day, Yr.) May 15, 1913	7. COUNTY OF DEATH Lake
8. CITY, TOWN OR LOCATION OF DEATH Hammond	7c. HOSPITAL OR OTHER INSTITUTION—Name of inst. or other, give street and number St. Margaret's Hospital		7d. IF HOSP. OR INST. Indicate DOA, OP, Emer, Rin, Inpatient (Specify) Inpatient
9. STATE OF BIRTH (if not in U.S. name country) Greece	10. CITIZEN OF WHAT COUNTRY USA	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	12. SURVIVING SPOUSE (if wife, give maiden name) Themelina Kranidi
13. SOCIAL SECURITY NUMBER 307-30-3139	14a. USUAL OCCUPATION (Give kind of work done during most of working life, omit if retiring) Track Repairman-Hitchman	14b. KIND OF BUSINESS OR INDUSTRY EJ&E Railroad	
15a. RESIDENCE—STATE Indiana	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Gary	15d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
16a. STREET AND NUMBER 729 Jefferson Street		16b. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
17. FATHER—NAME FIRST: Sachelaris MIDDLE: LAST: Patelis		17. MOTHER—MAIDEN NAME FIRST: Petranta MIDDLE: Alahuzu LAST: Patelis	
18. INFORMANT—NAME (Type or print) Themelina Patelis		18. RELATIONSHIP Wife	
19a. Mailing Address 729 Jefferson Street		19b. CITY OR TOWN Gary	
19c. STATE Indiana		19d. ZIP CODE 46402	
20a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		20b. CEMETERY OR CREMATORY—FUNERAL HOME San Mamas Cemetery	
20c. DATE (MONTH, DAY, YEAR) April 9, 1981		20d. LOCATION Kalimnos	
20e. FUNERAL HOME—NAME AND ADDRESS Burns Memorial Chapel		20f. (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 4286 Broadway Gary, IN 46408	
21a. NAME OF ATTENDING PHYSICIAN (Type or Print) George George M.D.		21b. DATE SIGNED (Mo., Day, Yr.) 4-3-81	
21c. MAILING ADDRESS—PHYSICIAN 110 Plaski Road, Calumet City, Il.		21d. HOUR OF DEATH 6:10am	
22a. HEALTH OFFICER'S SIGNATURE Remuberry		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER APR 6 1981	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) (a) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF (b) Myocardial infarction DUE TO OR AS A CONSEQUENCE OF (c)		Interval between onset and death 18 days	
24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

Hamlin S. Gernand Sr.
HAMMOND HEALTH COMMISSIONER

APR 6 1981

Date Issued

EMBALMER'S NAME: JAMES P. BURNS LICENSE No. 1374

FUNERAL DIRECTOR'S SIGNATURE: James F. Burns LICENSE No. 946

WILLIAM BIELSKY
RECORDED
STATE OF INDIANA
COUNTY OF LAKE

FILED
JAN 7 1982
JAMES P. BURNS
EMERALD LAKE COUNTY