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EMBALMER'S NAME *James Holston* LICENSE No. *419*
 FUNERAL DIRECTOR'S SIGNATURE *Robert Wiatrolik* LICENSE No. *968*
 FUNERAL HOME No. *242*

100 Vets
 Re: L. 84, Bel-Oaks Estates, Unit No. 3, Sec. 2, P1 Bk. 43, p. 115, Lake County, Indiana. (Key No. 15-465-16).
 State No. _____

Local No. *1601-82*

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

DECEASED - NAME 1 George J. Mihal			SEX Male	DATE OF DEATH (MONTH DAY YEAR) 9/29/82	
RACE - (e.g. White, Black, American Indian, etc.) 4 White	AGE - (Last Birthday) 5a 61	UNDER 1 YEAR 5b MONTHS	UNDER 1 DAY 5c HOURS MINES	DATE OF BIRTH (Mo., Day, Year) 9/19/1921	
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION - (Name if not in other give street and number) 7c Broadway Methodist		IF HOSP OR INST indicate DGA (P. 1 most for Indiana) 7d Emer. Rm	
STATE OF BIRTH (if not in U.S. name country) 8 Penn.	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (if wife give maiden name) 11 Ann		
SOCIAL SECURITY NUMBER 13 310-18-2614		USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION RESIDENCE - STATE COUNTY 15a Indiana Lake	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Retired 44"	KIND OF BUSINESS OR INDUSTRY 14b US Steel Works	
STREET AND NUMBER 15d 6277 Waite Street		IS RESIDENCE ON A FARM 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IN THE CITY LIMITS 15f YES <input checked="" type="checkbox"/> NO <input 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 16 George Mihal			MOTHER - MAIDEN NAME 17 Mary Single		
INFORMANT - NAME (If you or parent) 18a Ann Mihal		RELATIONSHIP 18b Wife	MAILING ADDRESS 18c 6277 Waite St. Merrillville, Indiana 46410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery		LOCATION 19c Merrillville, Indiana	
DATE (MONTH, DAY, YEAR) 20a 10/2/1982		FUNERAL HOME - NAME AND ADDRESS 20b Stilnovich-Palmer-Wiatrolik, Gary, Indiana			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Dr. P. J. Amico</i>			DATE SIGNED (Mo., Day, Year) 21b 10-6-82	HOUR OF DEATH 21c _____	
NAME OF ATTENDING PHYSICIAN (If type of Physician) 21d Dr. P. J. Amico			MAILING ADDRESS - PHYSICIAN 21e 6111 Harrison Street, Merrillville, Indiana 46410.		
HEALTH OFFICER - SIGNATURE <i>James Percy M.D.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-6-82		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST					
PART I (a) Cardiorespiratory arrest			Interval between onset and death 1 hr		
DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death 2 hrs		
(b) Acute Massive Myocardial Infarct			Interval between onset and death 2 hr		
DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death 2 hr		
(c) Acute Pulmonary Edema			Interval between onset and death 2 hr		
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 _____					

FILED
 OCT 27 1982
 Auditor's Office
 Auditor's Office
 15-465-16
 2-1-84 K W
 Bellington #