

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

Below for State Office Use

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

Key # 15-251-7
Merrillville
Merrillville #2
All set by B. B. [unclear]

APR 18 1984
EMBALMER'S NAME James Cholston
LICENSE No. 419

FUNERAL DIRECTOR'S SIGNATURE Robert Wiatrowski
LICENSE No. 968

FUNERAL HOME No. 242

5 c/c's
755110
Local No. 737-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

held Kathy Auditor

State No. _____

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.
LAKE COUNTY HEALTH COMMISSIONER
M.D. OR D.O.
CONDITIONS IF ANY WHEN GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE

1 DECEASED - NAME FIRST MIDDLE LAST Suzane Saffa		SEX 2 Female	DATE OF DEATH (MONTH DAY YEAR) 3 April 18, 1984
4 RACE White	5a AGE - Last Birthday 84	5b UNDER 1 YEAR MONTHS DAYS	5c UNDER 1 DAY HOURS MIN.
6 DATE OF BIRTH 11-14-1899		7a COUNTY OF DEATH Lake	
7b CITY, TOWN OR LOCATION OF DEATH Merrillville		7c HOSPITAL OR OTHER INSTITUTION Broadway Methodist Southlake	
7d IF HOSP OR INST. (Indicate DOA, OP, Emer. Rm., Impound) (Specify)		7d Emer. Rm.	
8 STATE OF BIRTH Czech	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	11 SURVIVING SPOUSE (If wife give maiden name) George Saffa
12 SOCIAL SECURITY NUMBER 313-07-6132		14a USUAL OCCUPATION Homemaker	14b KIND OF BUSINESS OR INDUSTRY Own Home
13 RESIDENCE - STATE Indiana	15b COUNTY Lake	15c CITY, TOWN OR LOCATION Gary	
15d STREET AND NUMBER 201 West 53rd Place		15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16 FATHER - NAME John Kostovcick		17 MOTHER - MAIDEN NAME Barbara Plutko	
18a INFORMANT - NAME (If none or print) George Saffa (Husband)		18b MAILING ADDRESS 201 W. 53rd Place Gary, Indiana 46738	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery	
19c LOCATION Merrillville, Indiana		20b FUNERAL HOME - NAME AND ADDRESS Stilinovich & Wiatrolik 7535 Taft Merrillville, IN 46410	
20a DATE (MONTH DAY YEAR) April 20, 1984		21b DATE SIGNED (MO DAY YR) 4/18/84	
21a NAME OF ATTENDING PHYSICIAN (If none or print) Walter Sala, M.D.		21c HOUR OF DEATH 4:45 a. M	
21d MAILING ADDRESS - PHYSICIAN 5490 Broadway Merrillville, Indiana 46410		22b DATE RECEIVED BY LOCAL HEALTH OFFICER 4-18-84	
22a HEALTH OFFICER'S SIGNATURE Paul Johnson M.D.		22b DATE RECEIVED BY LOCAL HEALTH OFFICER	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) IN AND (c) IN) PART I (a) Acute Myocardial Infarction (b) Hypertensive Cardiac Vascular Dis. (c) [unclear]			
PART II 24. AUTOPSY (Specify Yes or No) No			

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88