

37506

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TYPE OR PRINT PLAINLY WITH UNFADING INK

THIS IS PERMANENT RECORD

Below for State Office

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- 1 _____
- 2 _____
- 3 _____
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- 6 _____
- 7 _____
- 8 _____

Disposition Permit Issued / /

Provisional Certificate

Yes No

LAWYERS: 7895 S. BREWER ST. MERRILLVILLE, IND. 46410

LICENSE No. 53711

Funeral Director's Name: Edwin B. Cook

FUNERAL HOME No. 242

FUNERAL DIRECTOR'S LICENSE No. 829

FUNERAL DIRECTOR'S SIGNATURE: John Palmer

3 vet
3c copy
6cc 271175

Local No. 79-0230

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1. Marko (Mike) Milicich		SEX 2. male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Mar. 13, 1979
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. white	AGE—Last Birthday (Yrs.) 5a. 82	DATE OF BIRTH (Mo., Day, Yr.) 6. May 8, 1896	COUNTY OF DEATH 7. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Gary		HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) 7c. 3690 Penn. St.	IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Intubation (Specify) 7d. _____
STATE OF BIRTH (If not in U.S.A. name country) 8. Jugoslavia	CITIZEN OF WHAT COUNTRY 9. U S A	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. married	SURVIVING SPOUSE (If wife, give maiden name) 11. Jelena Perisich
SOCIAL SECURITY NUMBER 13. 312-05-0855		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. retired steelworker	KIND OF BUSINESS OR INDUSTRY 14b. U. S. Steel
RESIDENCE—STATE 15a. Ind.	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Gary	USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.
STREET AND NUMBER 15d. 3690 Penn. St.		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. yes
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. Masan Milicich		MOTHER—MAIDEN NAME 17. Milusa Dragnich	
INFORMANT—NAME (Type or print) 18a. Jelena Milicich		MAILING ADDRESS 18b. 3690 Penn. St. Gary, Ind.	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cem.	LOCATION 19c. Merrillville, Ind.
DATE (MONTH, DAY, YEAR) 20a. Mar. 16, 1979		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Stilinovich, Palmer & Wiatrolik 4213 Bdwy. Gary, Ind.	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) William H. Forgey		DATE SIGNED (Mo., Day, Yr.) 21b. March 14, 1979	HOUR OF DEATH 21c. 5:10
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Dr. Forgey		M.D. OR D.O.	
MAILING ADDRESS—PHYSICIAN 21e. 6111 Harrison St. Merrillville, Ind.			
HEALTH OFFICER—SIGNATURE 22. S. N. Caldwell, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. MAR 14 1979	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) coronary occlusion		Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF: (b) ASHD		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF: (c) _____		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		24. 37	

SEP 4 1984

FILED
AUDITOR LAKE COUNTY

FILED
MERRILLVILLE, IND.
MAY 10 06 1979

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CERTIFIED COPY
E. N. Callahan, M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE: MAR 14 1979