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THIS IS A  
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Below for State Office Use

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**FILED**

APR 20 1985  
FEDERAL BUREAU OF INVESTIGATION  
DECEASED  
LATER COUNTY

APR 26 1985  
LICENSE No. 520023

Marty Andersen

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

800708

Local No. 751-85

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

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 WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 1171

DECEASED—NAME 1 <b>John Halgas</b>			SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>April 16, 1985</b>	
RACE—(a) White (b) Black (c) American Indian (d) Other (Specify)	AGE—(Last Birthday) (Specify)	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo. Day Year)	COUNTY OF DEATH
<b>4 White</b>	<b>5a 62</b>			<b>6 6-27-1922</b>	<b>7a Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>7b Crown Point</b>		HOSPITAL OR OTHER INSTITUTION—(Name if not on other page street and number) <b>7c St. Anthony Medical Center</b>		IF HOSP OR INST Under the DOA Op. Emer. Rm. Impaired (Specify) <b>7d Inpatient</b>	
STATE OF BIRTH (If not in U.S.A. Name Country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year)
<b>8 Indiana</b>	<b>9 U.S.A.</b>	<b>10 Married</b>	<b>11 Barbara A. Grimmer</b>		<b>12 Yes WW II</b>
SOCIAL SECURITY NUMBER <b>13 313-12-9153</b>		USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		KIND OF BUSINESS OR INDUSTRY	
<b>14a Tool &amp; Die Maker</b>		<b>14b Anderson Company</b>			
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION			
<b>15a Indiana</b>	<b>15b Lake</b>	<b>15c Crown Point</b>			
STREET AND NUMBER <b>15d 537 Ridgelawn</b>			IS RESIDENCE ON A FARM? <b>15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	INSIDE CITY LIMITS (Specify YES OR NO) <b>15f Yes</b>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>					
FATHER—NAME <b>16 Michael Halgas</b>		MOTHER—MAIDEN NAME <b>17 Lena</b>		STATE OF BIRTH (Specify)	
INFORMANT—NAME (Type or Print) <b>18a Barbara Halgas</b>		RELATIONSHIP <b>Wife</b>	MAILING ADDRESS <b>18b 537 Ridgelawn</b>	CITY OR TOWN <b>Crown Point, Indiana</b>	STATE <b>Indiana</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>19a Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>19b St. Mary's Cemetery</b>		LOCATION <b>19c Crown Point, Indiana</b>	
DATE (MONTH DAY YEAR) <b>20a April 19, 1985</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) <b>20 Geisen Funeral Home, Inc., 109 N. East St., Crown Point, In. 46307</b>			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated <b>21a (Signature) Manuel P. Gabato, M.D.</b>			DATE SIGNED (Mo. Day Year) <b>4/17/85</b>	HOUR OF DEATH <b>21c 8:25 P. M.</b>	
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>21d Manuel B. Gabato, M.D.</b>					
MAILING ADDRESS—PHYSICIAN <b>21e 12110 Grant Street, Crown Point, In. 46307</b>					
HEALTH OFFICER—SIGNATURE <b>22a Paul Johnson</b>				DATE RECEIVED BY LOCAL HEALTH OFFICER <b>22b 4-18-85</b>	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART (a) <b>Cardiopulmonary Arrest</b> DUE TO OR AS A CONSEQUENCE OF PART (b) <b>Arteriosclerotic Heart Disease</b> DUE TO OR AS A CONSEQUENCE OF PART (c)					Interval between onset and death <b>less than 1 hour</b> Interval between onset and death <b>years</b> Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a)) <b>Arteriosclerotic, Ischemic Encephalopathy, Chronic Atrial Fibrillation</b>					AUTOPSY (Specify Yes or No) <b>24 No</b>

4/20