

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

Below for State Office Use

X# 42-251-7
Results of A
Park Add.
L. 20 ft. & L.
Erwin B. Cook

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

FUNERAL HOME
No. 242
FUNERAL DIRECTOR'S
LICENSE No. 829
FUNERAL HOME
LICENSE No. 5371
Erwin B. Cook
John Palmer

806119

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 75 - 0021

PERMANENT INK
SEE INSTRUCTIONS FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX
1. **Petar (Peter) Kukrika** male
DATE OF DEATH (MONTH, DAY, YEAR)
2. **Jan. 8, 1975**

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR UNDER 1 DAY
3. **white** 59 56. 57. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. **Dec. 28, 1915** 7a. **Lake**

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. **Gary** 7c. **yes** 7d. **Mercy Hospital**

DECEASED STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. **Illinois** 9. **U S A** 10. **Danica Adamovich**

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
11. **187-26-8808** 12a. **Businessman** 12b. **Auto Repair**

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
13a. **Ind.** 13b. **Lake** 13c. **Gary** 13d. **yes** 13e. **Calumet**

STREET AND NUMBER 14a. WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, GIVE UNIT OR DUTY STATION) IS RESIDENCE ON A FARM?
14. **4023 Mass. St.** 14b. **no** 14c. **yes**

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. **John Kukrika** 16. **Anna Chevich**

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP)
17a. **Danica Kukrika** 17b. **wife** 17c. **4023 Mass. St. Gary, Ind.**

PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
18. IMMEDIATE CAUSE
(a) **Acute myocardial infarction**
DUE TO, OR AS A CONSEQUENCE OF:
(b) **Arteriosclerotic heart disease**
DUE TO, OR AS A CONSEQUENCE OF:
(c) _____

19. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE
20. **Arteriosclerosis**

21. APPROXIMATE INTERVAL BETWEEN DEATH AND EXAMINATION
22. **17 HOURS**

DATE OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR
23. **Jan 8 1975** 23b. **Jan 9 1975**

PHYSICIAN'S NAME (TYPE OR PRINT) SIGNATURE OF PHYSICIAN PHY. CODE NO.
24a. **Dr. E. Marich** 24b. **[Signature]** 24c. _____

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
24. **500 W. Lincoln Highway Merrillville, Ind.**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE
25a. **burial** 25b. **Calumet Park Cem.** 25c. **Merrillville, Ind.**

DISPOSITION DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
26a. **Jan. 11, 1975** 26b. **Stallpovich, Palmer & Wisnolick 4213 Broadway Gary, Ind.**

29a. **[Signature]** 29b. **JAN 10 1975**

FILED
JUN 6 1985
AUDITOR LAW COUNTY

264

RECEIVED
JUN 2 1985
CITY OF GARY, IND.

[Handwritten Signature]
HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE JUN 5 1985