

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

FILED

FILED
JUN 5 1985
CLERK
AUDITOR LAKE COUNTY

FUNERAL DIRECTOR'S
LICENSE No. 968

EMBALMER'S NAME JAMES G. Golsion

FUNERAL DIRECTOR'S
SIGNATURE

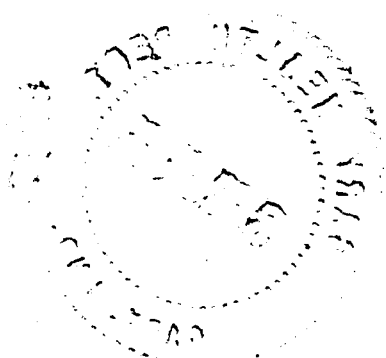
Disposition Permit
fastened
Provisional
Certificate
 Yes No

Local No. **8A-0303**

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Clyde D. Compton
State No. 525
me...

DECEASED—NAME 1 BRONKO TARAILO		SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 MAY 3, 1984
RACE—(a) White, (b) Neg., (c) American Indian, (d) Spanish 4 White	AGE—Last Birthday 5a 61	UNDER 1 YEAR 5b Mo. DATE	UNDER 1 DAY 5c Hours MINS.
CITY, TOWN OR LOCATION OF DEATH 7a Gary		HOSPITAL OR OTHER INSTITUTION—Name, full or partial, give street and number 7c 5050 Broadway	IF HOSP. OR INST. Indicate DSA, OP, Emer. Rm., Isolation (Specify) 7d 0-
STATE OF BIRTH (If not in U.S.A. give country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, UNMARRIED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Ruth Radjenovich
SOCIAL SECURITY NUMBER 13 312 18 7796		USUAL OCCUPATION (Give kind of work done during most of working life, exact & relevant) 14a Owner/Operator	KIND OF BUSINESS OR INDUSTRY 14b Restaurant Chain
RESIDENCE—STATE 16a Indiana	COUNTY 16b Lake	CITY, TOWN OR LOCATION 15c Merrillville	WAS PRECEDENT BY U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? 12 yes
STREET AND NUMBER 15d 5450 Dexter Drive		IS RESIDENCE ON A FARM? 15e <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	UNDE CITY OR TOWN OF DEATH 12 no
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16c <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
PARENTS FATHER—NAME 16 Nick Tarailo		MOTHER—MAIDEN NAME 17 Mary Gluhovich	
INFORMANT—NAME 18a Ruth Tarailo		RELATIONSHIP 18b Wife	MAILING ADDRESS 18c 5450 Dexter Drive Merrillville, Indiana 46410
DISPOSITION 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 May 5, 1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 20b Stilinovich & Wiatrolik 7535 Taft St. Merr., Ind.	
CERTIFIER 21a Daniel D. Thomas, M.D. by [Signature]		DATE SIGNED (Mo., Day, Yr.) 21b 5/3/84	HOUR OF DEATH 21c M 12:50 a.m.
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21d DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21e 5/3/84	
HEALTH OFFICER—SIGNATURE 22a [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b MAY 7 1984	
CONDITIONS IF ANY WHICH HAVE TO BE STATED IN UNDERLYING CAUSE LIST 23 Laceration of heart, & both lungs		Interval between onset and death 23b Undetermined	
CAUSE PART I (a) Due to gunshot wound		Interval between onset and death	
PART II (b) Due to gunshot wound		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24 Yes		AUTOPSY (Specify Yes or No) 24a Yes	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a Homicide	DATE OF INJURY (Mo., Day, Yr.) 25b Yes	HOUR OF INJURY 25c M	DESCRIBE HOW INJURY OCCURRED 25d Gunshot wound
INJURY AT WORK (Specify Yes or No) 25e Yes	PLACE OF INJURY—At home, (or in street, factory, office building, etc.) (Specify) 25f Auto	LOCATION 25g 5050 Broadway, Gary, IN.	CITY OR TOWN STATE



800130

FILED

APR 18 1984

James W. Wible, MD
HEALTH COMMISSIONER
CITY OF GARY, INDIANA
DATE JUN 18 1984