



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

slow for State Office Use  
KEY 50-150-6

1 ADD TO  
3 LIVERPOOL HOME  
GARDEN S LOT 10 B 4

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Disposition Permit  
Provisional

FUNERAL HOME  
No. 164  
FUNERAL DIRECTOR'S  
LICENSE No. 699  
NATURE

Local No. 193-83

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME 1. <b>SKEVOS REISIS</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>February 4, 1983</b>
RACE—(a) White, Black, American Indian, etc. (Specify) 4. <b>White</b>	AGE—Last Birthday (M, Y) 5a. <b>83</b>	UNDER 1 YEAR MOSE DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (Mo., Day, Yr.) 6. <b>Jan. 26, 1900</b>
CITY, TOWN OR LOCATION OF DEATH 7a. <b>Hobart</b>		HOSPITAL OR OTHER INSTITUTION—(Name, full name or number, give street and number) 7b. <b>St. Mary Medical Center</b>		IF HOSP OR INST. includes DOA, CP, Enter No., (Specify) 7c. <b>DOA ER</b>
STATE OF BIRTH (If not in U.S.A. name country) 8. <b>Greece</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>Married</b>	SURVIVING SPOUSE (If with, give maiden name) 11. <b>Katholiki Patelas</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. <b>NO</b>
SOCIAL SECURITY NUMBER 13. <b>312-05-7194</b>		USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) 14a. <b>Crane Operator</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>U.S. Steel GS&amp;TW</b>	
RESIDENCE—STATE 15a. <b>Indiana</b>	COUNTY 15b. <b>Lake</b>	CITY, TOWN OR LOCATION 15c. <b>Lake Station</b>		
STREET AND NUMBER 16a. <b>2695 Oklahoma Street</b>			IS RESIDENCE ON A FARM? 16b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 16c. <b>Yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 17a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 18. <b>John Reisis</b>		MOTHER—MAIDEN NAME 17. <b>Kalotina Vroudos</b>		
INFORMANT—NAME (If type or title) 19a. <b>Wife Mrs. Katholiki Reisis</b>		MAILING ADDRESS 19b. <b>2695 Oklahoma Street, Lake Station, IN 46405</b>		
BURIAL, CREMATION, REMOVAL OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b. <b>Ridgelawn Cemetery</b>		LOCATION 19c. <b>Gary, IN</b>
DATE (MONTH, DAY, YEAR) 20a. <b>February 7, 1983</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 20b. <b>FRUM FUNERAL HOME, INC., 1307 Central Ave., IN LK Sta. 46405</b>		
NAME OF ATTENDING PHYSICIAN (If type or Print) 21a. <b>G. Z. Barber</b>		DATE SIGNED (Mo., Day, Yr.) 21b. <b>2-7-83</b>	HOUR OF DEATH 21c. <b>4:51 P.M.</b>	
21d. MAILING ADDRESS—PHYSICIAN				
HEALTH AGENCY (If applicable) 22a. <b>Peer Jacy</b>				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>2-7-83</b>
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Acute Myocardial Infarction</b> (b) <b>due to or as a consequence of</b> (c) <b>Antipsychotic Drug Abuse</b>				
PART II (a) <b>acute</b> (b) <b>chronic</b>				
PART III (a) <b>acute</b> (b) <b>chronic</b>				

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

LAKE COUNTY HEALTH DEPARTMENT

EXHIBIT A

FILED  
JUL 22 1985  
Auditor Lake County