

782

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 1478-85

815656

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____

B _____

C _____

D _____

THIS CERTIFIES THE ABOVE IS A TRUE AND
CORRECT COPY OF THE MEDICAL CERTIFICATE OF
DEATH ON FILE WITH THE LAKE COUNTY
HEALTH DEPT. AUG 1 1985

FILED

AUG 14 1985

Edgar C. Gleim

AUDITOR LAKE COUNTY
FUNERAL DIRECTOR'S
SIGNATURE

1617

LICENSE No. 1617

FUNERAL HOME
No. 750

LAKE COUNTY HEALTH
FUNERAL DIRECTOR'S
LICENSE No. 94

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

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

DECEASED - NAME 1. Paul Vania				SEX Male	DATE OF DEATH (MONTH DAY YEAR) 8/5/85
RACE - (to g. White Black American Indian etc.) (Specify) 4 Caucasian	AGE - Last Birthday (Year) 5a 77	UNDER 1 YEAR MINUS DAYS 5b	UNDER 1 DAY HOURS MINUS 5c	DATE OF BIRTH (Month Day Year) 6 3/3/08	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Griffith		HOSPITAL OR OTHER INSTITUTION - (Name (if not in either give street and number)) 7c 432 N. Indiana		IF HOSP OR IN (Specify Yes or No) 7d N/A	
STATE OF BIRTH (if not in U.S.A. name country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (if wife give maiden name) 11 Agnes (Balcerak) Vania		WAS DECEASED ARMED FORCE? (Specify Yes or No) 12
SOCIAL SECURITY NUMBER 13 306-03-3414		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a Steel Worker (Retired)		KIND OF BUSINESS OR INDUSTRY 14b Steel Mill (Inland)	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Griffith		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 432 N. Indiana				INSIDE CITY LIMIT (Specify Yes or No) 15f Yes <input checked="" type="checkbox"/>	
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 FIRST MIDDLE LAST 16 Samuel Vania			MOTHER - MAIDEN NAME FIRST MIDDLE 17 Suzanne Hiza		
INFORMANT - NAME (Type or print) 18 Agnes Vania (Spouse)		RELATIONSHIP 18b	MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP 18c 432 N. Indiana Griffith, Indiana 46319		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Chapel Lawn Cemetery		LOCATION CITY OR TOWN STATE 19c Schererville, Indiana	
DATE (MONTH DAY YEAR) 20a 8/7/85		FUNERAL HOME - NAME AND ADDRESS (STREET OR RFD NO, CITY OR TOWN STATE, ZIP) 20b Kuiper Funeral Home 9039 Kleinman Rd. Highland, Ind			
To the best of my knowledge and belief, the death occurred at the time, date and place and due to the causes stated. 21a (Signature) J. P. Mangahas, M.D.			DATE SIGNED (Month Day Year) 21b		
NAME OF ATTENDING PHYSICIAN (Type or print) 21c					
MAILING ADDRESS - PHYSICIAN 21d					
HEALTH OFFICER - SIGNATURE 22a				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 8-10-85	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))					
PART I (a) Arteriosclerotic Heart Disease					
DUE TO, OR AS A CONSEQUENCE OF					
(b) Diabetes Mellitus					
DUE TO, OR AS A CONSEQUENCE OF					
(c) Diabetic Retinopathy					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I					
AUTOPSY (Specify Yes or No) 24					

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