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EMBALMERS NAME MICHAEL MYSLIWIY LICENSE NO. 2141 # 30-164-12
 FUNERAL HOME No 161
 FUNERAL DIRECTOR'S SIGNATURE Michael Mysliwy LICENSE NO. 599

817068

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

1296

Local No. 305

DECEASED—NAME 1 <u>ANTHONY</u>		FIRST	MIDDLE <u>MICHALAK</u>	LAST	SEX 2 <u>MALE</u>	DATE OF DEATH (MONTH DAY YEAR) 3 <u>8-16-1985</u>
RACE (White, Black, Amer. Indian, etc.) <u>WHITE</u>		AGE—Last Birthday (Yr.) 5a <u>74</u>	UNDER 1 YEAR 5b MOS 5c DAYS		UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (Mo. Day Yr.) <u>6-14-1911</u>
CITY, TOWN OR LOCATION OF DEATH 7b <u>EAST CHICAGO</u>		HOSPITAL OR OTHER INSTITUTION—Name if not on earlier page (street and number) 7c <u>1308 PULASKI BL.</u>		COUNTY OF DEATH 7d <u>LAKE</u>		IF HOSP OR INST UNDER DCA OP (Enter Am. Institution Specif.) 7e
STATE OF BIRTH (State or U.S.A. Same Country) <u>INDIANA</u>		CITIZEN OF WHAT COUNTRY 8		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 <u>MARRIED</u>	SURVIVING SPOUSE (If wife give maiden name) 11 <u>BERNICE S. BALBUS</u>	
SECURITY NUMBER 13 <u>080-28-4558</u>		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a <u>RETIRED</u>		KIND OF BUSINESS OR INDUSTRY 14b <u>RIVETS + BOLTS</u>		
RESIDENCE—STATE 15a <u>INDIANA</u>		COUNTY 15b <u>LAKE</u>		CITY, TOWN OR LOCATION 15c <u>EAST CHICAGO</u>		15 RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d <u>1308 PULASKI BL.</u>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15j <u>YES</u>		15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME 16 <u>TOMASZ</u>		FIRST	MIDDLE	LAST <u>MICHALAK</u>	MOTHER—MAIDEN NAME 17 <u>SOPHIE KLEM CZAK</u>	
INFORMANT—NAME (Type or Print) 18a <u>BERNICE S. MICHALAK</u>		RELATIONSHIP <u>WIFE</u>	MAILING ADDRESS 18b <u>1308 PULASKI PL EAST CHICAGO, IND. 46312</u>		CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <u>BURIAL</u>		CEMETERY OR CREMATORY—FUNERAL HOME 19b <u>HOLY CROSS CEMETERY</u>		LOCATION 19c <u>CALUMET CITY, ILLINOIS</u>		
DATE (MONTH DAY YEAR) 20a <u>8-20-1985</u>		FUNERAL HOME—NAME AND ADDRESS 20b <u>MYSLIWIY FUNERAL HOME EAST CHICAGO, IND. 46312</u>		CITY OR TOWN STATE ZIP		
To the best of my knowledge, death occurred at the time, date and place here due to the causes stated 21a (Signature) <u>Robert S. Smoltz</u>		DATE SIGNED (Mo. Day Yr.) 21b <u>8-19-85</u>		HOUR OF DEATH 21c		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <u>Robert S. Smoltz, M.D.</u>		MAILING ADDRESS—PHYSICIAN 21e <u>Jones Clinic, 110 Ridge Road, Munster, IN 46321</u>				
HEALTH OFFICER—SIGNATURE 22a <u>E. A. Campagnari MD</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <u>8-29-85</u>			STATE OF INDIANA LAKE COUNTY EAST CHICAGO	
IMMEDIATE CAUSE 23a <u>HEART ARREST</u>		(ENTER ONLY ONE CAUSE PER LINE FOR (1) AND (2))				
PARTIAL CAUSE 23b <u>HEAVY ARTERIC SCLEROTIC HEART DISEASE</u>		DUE TO OR AS A CONSEQUENCE OF				
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1a: 24		AUTOPSY (Specify Yes or No) 24				

FILED
AUG 20 1985

CONDITIONS TO BE ANY WHICH GAVE RISE TO CAUSE STATED UNDERLYING CAUSE LAST CAUSE

AUG 4 1985
RIVER ROAD
PH QUA
ORDER

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