

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

836404

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 460

Local No. 2043-85

Below for State Office Use

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FILED

JAN 10 1986

LICENSE No.

EMBALMER'S NAME Charles W. Wells

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S SIGNATURE

LICENSE No. 445

AUDITOR LAKE COUNTY

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

RESIDENCE WHERE DECEASED OCCURRED IN 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 Michael Verba		SEX Male	DATE OF DEATH MONTH DAY YEAR December 15, 1985
RACE White	AGE 88	DATE OF BIRTH 1/13/1897	COUNTY OF DEATH Lake
CITY TOWN OR LOCATION OF DEATH Crown Point	HOSPITAL OR OTHER INSTITUTION Lake County Convalescent Home		IF HOSP OR INST. Indicate DCA (D.P. Form No. 10) (Indicate Specific) Inpatient
STATE OF BIRTH Czechoslovakia	COUNTRY OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED Married	SURVIVING SPOUSE Mary Hriz
SOCIAL SECURITY NUMBER 313-07-0767	USUAL OCCUPATION Welder	KIND OF BUSINESS OR INDUSTRY U. S. Steel	
RESIDENCE STATE Indiana	COUNTY Lake	CITY TOWN OR LOCATION Gary	
STREET AND NUMBER 1510 W. 47th. Avenue		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER NAME Michael Verba		MOTHER MAIDEN NAME Ann	
INFORMANT NAME Mary V. Wallace	RELATIONSHIP Daughter	MAILING ADDRESS 700 E. 53rd. Avenue	CITY OR TOWN STATE ZIP Gary Indiana 46410
BURIAL CREMATION REMOVAL OTHER Burial	CEMETERY OR CREMATORY Calumet Park Cemetery	LOCATION CITY OR TOWN STATE Merrillville, Indiana	
DATE December 21, 1985	FUNERAL HOME NAME AND ADDRESS PRUZIN BROTHERS, 6360 Broadway, Merr., Indiana 46410		STREET OR RD. NO. CITY OR TOWN STATE ZIP
NAME OF ATTENDING PHYSICIAN V.H.J. Borromeo M.D.		DATE SIGNED December 16, 1985	HOUR OF DEATH 12:40 A.
MAILING ADDRESS PHYSICIAN 2900 W. 93rd. Avenue, Crown Point, Indiana 46307		DATE RECEIVED BY LOCAL HEALTH OFFICER 12-17-85	
HEALTH OFFICER SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER	
PART I IMMEDIATE CAUSE Acute Massive MI		INTERVAL BETWEEN ONSET AND DEATH 10 Minutes	
DUE TO OR AS A CONSEQUENCE OF ASHD with Atrial Fibrillation with Aortic Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 4 Years	
DUE TO OR AS A CONSEQUENCE OF Silent MI		INTERVAL BETWEEN ONSET AND DEATH 3 Years	
PART II OTHER SIGNS AND CONDITIONS (Do not omit contributing to death but not regarded as cause of death - see PART I)		AUTOPSY Specify Yes or No No	