

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

THIS CERTIFIED TRUE COPY OF THE CERTIFICATE OF DEATH IS A TRUE AND COMPLETE COPY OF THE LICENSE NO. 419

EMBALMER'S NAME James Cholston or file with the LICENSE NO. 419

FUNERAL HOME No. 242  
FUNERAL DIRECTOR'S SIGNATURE *Robert W. Trotter*  
FUNERAL LICENSE No. 1986

Local No. **836406**  
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  
M.D. OR D.O.

CAUSE  
FINGER PRINTS  
WHILE ALIVE  
BEST TO IMMEDIATELY STATE THE UNDERLYING CAUSE FIRST

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED NAME <b>MICHAEL FRONIUS</b>		SEX <b>Male</b>		DATE OF DEATH (MONTH DAY YEAR) <b>August 31, 1985</b>	
HAIR <b>White</b>	AGE <b>65</b>	COUNTY OF DEATH <b>Lake</b>	HOSPITAL OR INST. WHERE DEATH OCCURRED <b>St. Marys Med-Center</b>		
CITY, TOWN OR LOCATION OF DEATH <b>Hobart</b>	MARRIED OR SINGLE <b>Married</b>	SPOUSE'S NAME <b>Elizabeth Huffman</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? <b>yes</b>	
STATE OF BIRTH <b>Ohio</b>	COUNTRY OF BIRTH <b>U.S.A.</b>	USUAL OCCUPATION <b>Labor-Railmill</b>		INDUSTRY <b>U.S. Steel</b>	
SOCIAL SECURITY NUMBER <b>285-16-4252</b>	CITY, TOWN OR LOCATION OF DEATH <b>Lake</b>	COUNTY OF DEATH <b>Gary</b>		INDUSTRY <b>U.S. Steel</b>	
STREET AND NUMBER <b>4185 Martin Luther King Drive</b>		RESIDENCE ON A FARM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CITY LIGHTS OR WATER SUPPLY <b>Sholder</b>	
FATHER NAME <b>Michael Fronius Sr.</b>		MOTHER MAIDEN NAME <b>Mary</b>		STATE OF BIRTH <b>Indiana</b>	
DECEASED'S RELATIONSHIP TO FATHER <b>Elizabeth Fronius (Wife)</b>		MARRIAGE ADDRESS <b>4185 Martin Luther King Drive Gary, Indiana 46409</b>		STATE OF BIRTH <b>Indiana</b>	
DISPOSITION <b>Burial</b>		CEMETERY OR CREMATORIAL HOME <b>Riverview Cemetery</b>		CITY, TOWN OR LOCATION OF DEATH <b>Martins Ferry, Ohio</b>	
DATE OF DISPOSITION <b>September 6, 1985</b>		FUNERAL HOME NAME AND ADDRESS <b>Stillnovich &amp; Wiatrolik 7535 Taft St. Merrillville, In. 46410</b>		STATE OF DEATH <b>Ohio</b>	
NAME OF ATTENDING PHYSICIAN <b>Richard Buyer M.D.</b>		DATE SIGNED <b>Sept 3, 1985</b>		HOUR OF DEATH <b>M</b>	
MAILING ADDRESS - PHYSICIAN <b>8895 BROADWAY, MERRILLVILLE, INDIANA</b>		HEALTH OFFICER <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>JAN 10 1986</b>	
CAUSE <b>Hypertensive Cardiovascular Disease</b>		AUDITOR <i>Paul Johnson</i>		CITY, TOWN OR LOCATION OF DEATH <b>Martins Ferry, Ohio</b>	
PART II <b>Renal Failure; Pneumonia; Cardiovascular Disease</b>		AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		STATE OF DEATH <b>Ohio</b>	

RUDOLPH CLAY RECORDER  
JAN 10 10 28 AM '86

Return to  
James Cholston  
5681 Bobley  
Merrillville, Ind.  
James Cholston

452