

*Hodges, David, Gruenberg, Conpton  
55-25 Broadway  
Merr 46410  
Hagers*

836456

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. *2238-85*

396

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

Below for State Office Use

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FILED

JAN 25 1985

EMBALMER'S NAME Chas. W. Wells

FUNERAL HOME

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

No. 245

No. 4237

AUDITOR LAKE COUNTY

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 WHEN GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

1 DECEASED NAME FIRST MIDDLE LAST MICHAEL GYUGO		SEX Male	DATE OF DEATH (MONTH DAY YEAR) November 23, 1985
4 RACE White	5a AGE (Year, Month, Day) 78	5b UNDER 1 YEAR MONTHS DAYS HOURS MINUTES	6 DATE OF BIRTH (MO. DAY YEAR) 11-18-1907
7a CITY, TOWN OR LOCATION OF DEATH Hobart		7c HOSPITAL OR OTHER INSTITUTION (Name, Street, City, State and Zip) St. Marys Medical Center	7d IF HOSP OR INST Indicate DOA (OP Emer. Rm. Inpatient/Outpatient) inpatient
8 STATE OF BIRTH (If not in U.S. name country) Pennsylvania	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	11 SURVIVING SPOUSE (If wife give maiden name) Mildred Hansen
12 SOCIAL SECURITY NUMBER 312-05-3161		13a USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Steelworker	13b KIND OF BUSINESS OR INDUSTRY US Steel Corp.
14a RESIDENCE STATE Indiana	14b COUNTY Lake	14c CITY, TOWN OR LOCATION Hobart	
15a STREET AND NUMBER 1214 West 38th Ave.		15b IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16a FATHER NAME (First Middle Last) Paul Gyugo		16b MOTHER MAIDEN NAME (First Middle Last) Maria Piskar	
17a INFORMANT NAME (Type or print) Mildred Gyugo		17b RELATIONSHIP Wife	
18a Mailing Address (Street or R.D. No. City or Town, State, Zip) 1214 West 38th Ave., Hobart, Indiana 46342		18b	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY - FUNERAL HOME Ridgelawn Cemetery	
20a DATE (MONTH DAY YEAR) November 26, 1985		20b LOCATION (City or Town, State) Gary, Indiana	
21a NAME OF ATTENDING PHYSICIAN (Type or Print) Peter M. Hamang M.D.		21b DATE SIGNED (MO. DAY YEAR) 11/25/85	
21c MAILING ADDRESS - PHYSICIAN 904 West Ridge Road, Hobart, Indiana 46342		21d HOUR OF DEATH 2:38 PM	
22a HEALTH OFFICER SIGNATURE <i>[Signature]</i>		22b DATE RECEIVED BY LOCAL HEALTH OFFICER 11-26-85	
23a PART I (a) Immediate Cause (Enter only one cause) <i>[Handwritten Cause]</i>		Interval between onset and death 5 min	
23b (b) Underlying Cause (Enter only one cause) <i>[Handwritten Cause]</i>		Interval between onset and death 1 mo	
23c (c) Contributory Cause (Enter only one cause) <i>[Handwritten Cause]</i>		Interval between onset and death 3 mo	
24 MULTIPLE CAUSES (Yes or No) NO		24	

*H/A*