

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

844448

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

*Beckman Kelly Smith*  
5900 *Hickman* *Highland*  
State No. *403081*

Local No. *2403-85*

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)

1 PAUL GALIK Male 3 December 13, 1985

RACE - (See Who's Who in America) 4 White AGE - Last Birthday 5a 83 UNDER 1 YEAR 5b MONTHS UNDER 1 DAY 5c HOURS MINUTES DATE OF BIRTH 6 12/2/1902 COUNTY OF DEATH 7a Lake

CITY, TOWN OR LOCATION OF DEATH 7b Crown Point HOSPITAL OR OTHER INSTITUTION 7c Lake County Convalescent Home IF HOSP OR INST DOA OF Corp. See Instructions 7d Inpatient

STATE OF BIRTH 8 Illinois CITIZEN OF WHAT COUNTRY 9 USA MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married SURVIVING SPOUSE 11 Stella Berzinis WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 NO

SOCIAL SECURITY NUMBER 13 319-09-0396 USUAL OCCUPATION 14a Steelworker KIND OF BUSINESS OR INDUSTRY 14b Inland Steel

RESIDENCE - STATE 15a Indiana COUNTY 15b Lake CITY, TOWN OR LOCATION 15c East Chicago

STREET AND NUMBER 15d 5042 Walsh Avenue 15e RESIDENCE ON A FARM? YES  NO  15f INSIDE CITY LIMITS (SPECIFY YES OR NO) YES

IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC

15g YES  NO

PARENTS

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST

16 Paul Galik 17 Anna

INFORMANT NAME (Type or Print) RELATIONSHIP MAILING ADDRESS CITY OR TOWN STATE ZIP

18a Stella Galik Wife 18b 5042 Walsh Ave. East Chicago IN 46312

DISPOSITION

BURIAL CREMATION REMOVAL OTHER (Specify)

19a BURIAL 19b HOLY CROSS 19c CALUMET CITY IN 46312

DATE (MONTH DAY YEAR) 20a 12-16-85

20b MYSLINX FUNERAL HOME EAST CHICAGO IN 46312

To the best of my knowledge and belief, the time date and place and cause stated

21a Signature: *J.C. Espino* 21b December 13, 1985 21c 7:03 AM

NAME OF ATTENDING PHYSICIAN (Type or Print)

21d J.C. Espino, M.D.

MAILING ADDRESS - PHYSICIAN

21e 2900 W. 93rd Avenue Crown Point, Indiana 46307

HEALTH OFFICER - SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

22a *Charles Johnson* 22b 12-18-85

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I, II, AND III)

(a) Congestive Heart Failure with Pleural Effusion Sept 25, 1985

(b) Coronary Arteriosclerotic Heart Disease Atrial Fibrillation with

(c) Multifocal Premature Ventricular Contractions (years) *St. Joe Hos*

PART II OTHER SIGNIFICANT CONDITIONS (Specify the one or more)

Encephalogram Gastroduodenoscopy for Foreign Matter - None

SDH 06-003 State Form 35430 REV. 10/77

*Thoracal Ulcer Electrocoagulated 9/26/85. Chronic Hypo-  
Chronic macrocytic Anemia (Several years)*

Below for State Office Use

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
X  
Y  
Z

FILED  
MAR 7 1986

EMBALMER'S NAME: *Michael Mysling* LICENSE No. *2141*

FUNERAL DIRECTOR'S SIGNATURE: *Michael Mysling* LICENSE No. *579*

AUDITOR LAKE COUNTY: *Michael Mysling*

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MAR 18 1986  
REC'D  
OFFICE  
CLERK  
#30-586-19