

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

Below for State Office Use

850791
Local No. 705-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED NAME 1 JOHN MARUHNICK		SEX Male	DATE OF DEATH (MONTH DAY YEAR) April 3, 1986
RACE - 10 a White, Black, American Indian or 11 Specify White	AGE - Last Birthday (Yr. M. D.) 5a 58	UNDER 1 YEAR 5b MO. DAYS	UNDER 1 DAY 5c HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION (Name if not on this year street and number) 7c Merrillville Convalescent Center	IF HOSP OR INST (Specify DOA, LP, Hosp, Res, Institution, Source) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. Name Country) Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED, WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE (Name per maiden name) 11 Shirley Smith
SOCIAL SECURITY NUMBER 13 310-22-2390	USUAL OCCUPATION (Give kind of work done during most of working life from 1-1980) 14a Retired Pipefitter	KIND OF BUSINESS OR INDUSTRY 14b US Steel Co.	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville	
STREET AND NUMBER 15d 1326 W. 63rd Ave.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER NAME (FIRST MIDDLE LAST) 16 John Maruchnic		MOTHER MAIDEN NAME (FIRST LAST) 17 Julia Federenko	
INFORMANT NAME (Type or print) 18a Shirley Maruhnck Wife	RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE) 18b 1326 W. 63rd Ave., Merrillville, Indiana 46410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery		LOCATION (CITY OR TOWN STATE) 19c Merrillville, Indiana
DATE (MONTH DAY YEAR) 20a April 7, 1986	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b APRIZIN BROTHERS, 6360 Broadway, Merr., Indiana 46410		
To the best of my knowledge, death occurred at the time, date and place and due to the (causal) stated 21a (Signature) <i>David Ashbach</i>		DATE SIGNED (Mo. Day Yr.) 21b April 4, 1986	HOUR OF DEATH 21c 5:15 p.m.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d David Ashbach M.D.			
MAILING ADDRESS - PHYSICIAN 21e 8701 Broadway, Merrillville, Indiana 46410			
HEALTH OFFICER (Signature) 22a <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 4-4-86	
CAUSE PART I (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) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)		INTERVAL BETWEEN ONSET AND DEATH 3 hrs	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) PART II		AUTOPSY (Specify Y or N) 24 NO	

DECEASED
COUNTY
USUAL RESIDENCE WHEN DECEASED
CITY, TOWN OR LOCATION OF DEATH
CITY, TOWN OR LOCATION OF INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE

12
11
10
9
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V
W
X
Y
Z

CHARLES W. WELLS
EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE
FURNISHED BY
FURNERAL HOME
LICENSE NO. 4237
APR 4 1986
APR 23 1986
LAVIE COUNTY HEALTH DEPT.
LAVIE COUNTY HEALTH DEPT.
LAVIE COUNTY HEALTH DEPT.

RECORDED
APR 4 1986
STATE OF INDIANA
LAVIE COUNTY HEALTH DEPT.
PHYSICIAN
FEDERENKO

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