

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

Below for State Office Use

THIS COPY IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

30  
89.3575  
Local No. 655-81  
TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED AT DEATH OR PLACED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  
DISEASES AND SYMPTOMS  
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST  
CAUSE  
EMBALMER'S NAME James Poolstopp  
FUNERAL DIRECTOR'S SIGNATURE *Peter Jarey*  
LICENSE No. 419  
FUNERAL DIRECTOR'S LICENSE No. 829  
DATE MAY 6 1981  
FUNERAL HOME *Si Bushy ADD*  
No. 212

LAKE COUNTY HEALTH DEPARTMENT  
FUNERAL HOME

89.3575  
Local No. 655-81

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

mark A. Pimos  
7887 Broadway  
Merr. Ind. 46416  
State No.

16227

|   |   |   |  |
|---|---|---|--|
| DECEASED—NAME<br>FIRST MIDDLE LAST<br><b>James Dimos</b>  |   | SEX<br><b>male</b>  | DATE OF DEATH MONTH DAY YEAR<br><b>April 30, 1981</b>                      |
| 1 RACE—(a) white (b) black (c) American Indian (d) other (Specify)  | AGE—Last Birthday (Yrs) <b>69</b>                     | UNDER 1 YEAR<br>MOB DATE  | UNDER 1 DAY<br>HOURS MIN   |
| 4 <b>white</b>  | DATE OF BIRTH (Mo., Day, Yr.)<br><b>Mar. 17, 1912</b> | COUNTY OF DEATH<br><b>Lake</b>  |  |
| CITY, TOWN OR LOCATION OF DEATH<br><b>Crown Point</b>   |   | HOSPITAL OR OTHER INSTITUTION—(Name if not in other given street and number)<br><b>St. Anthony Hospital</b>   |  |
| 7b STATE OF BIRTH (If not in U.S.A. name country)<br><b>Greece</b>  |   | 7c MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>marr.</b>  | 7d IF HOSP OR INST. Indicate ICA or ICA of ICA. (Specify)<br><b>Innat.</b> |
| 8 CITIZEN OF WHAT COUNTRY<br><b>U S A</b>   |   | 11 SURVIVING SPOUSE (If wife, give maiden name)<br><b>Jennie Anastopoulos</b>   |  |
| 9 SOCIAL SECURITY NUMBER<br><b>313-34-3596</b>  |   | 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Y or N)<br><b>no</b>  |  |
| 13 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>owner-operator</b>  |   | 14a KIND OF BUSINESS OR INDUSTRY<br><b>Beauty Shop Restaurant</b>   |  |
| 15a RESIDENCE—STATE<br><b>Ind.</b>  | 15b COUNTY<br><b>Lake</b>                             | 15c CITY, TOWN OR LOCATION<br><b>Gary</b>   |  |
| 16a STREET AND NUMBER<br><b>110 Glen Park Ave.</b>  |   | 16b RESIDENCE ON A FARM?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   | 16c INSIDE CITY LIMITS (Specify Y or N)<br><b>yes</b>                      |
| 17 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   |   |  |
| 18 FATHER—NAME FIRST MIDDLE LAST<br><b>John Dimos</b>   |   | 19 MOTHER—MAIDEN NAME FIRST MIDDLE LAST<br><b>not available</b>   |  |
| 20a INFORMANT—NAME (Type or print)<br><b>Jennie Dimos</b>   |   | 20b MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE<br><b>110 Glen Park Ave. Gary, Ind.</b>   |  |
| 21a BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>  |   | 21b CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE<br><b>Ridgelawn Cem. Gary, Ind.</b>  |  |
| 22a DATE (MONTH, DAY, YEAR)<br><b>May 4 1981</b>  |   | 22b FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)<br><b>Stilinoivich, Palmer &amp; Wiatrolik 4213 Bdwy. Gary, Ind</b> |  |
| 23a To the best of my knowledge, death occurred at the time, date and place and due to the causes named.  |   | 23b DATE SIGNED (Mo., Day, Yr.)<br><b>5/3/81</b>  |  |
| 23c NAME OF ATTENDING PHYSICIAN (Type or Print)<br><b>Dr. R. Woodburn</b>   |   | 23d HOUR OF DEATH   |  |
| 24a MAILING ADDRESS—PHYSICIAN<br><b>8127 Merrillville Rd., Merr., Ind.</b>  |   | 24b DATE RECEIVED BY LOCAL HEALTH OFFICER<br><b>5-4-81</b>  |  |
| 24c HEALTH OFFICER—SIGNATURE<br><i>Peter Jarey M.D.</i>   |   | 24d INTERVAL BETWEEN ONSET AND DEATH  |  |
| 25a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR THE IN AND OUT)<br><b>Acute granulocytic leukemia</b>  |   | 25b INTERVAL BETWEEN ONSET AND DEATH  |  |
| 25c DUE TO OR AS A CONSEQUENCE OF   |   | 25d INTERVAL BETWEEN ONSET AND DEATH  |  |
| 25e DUE TO OR AS A CONSEQUENCE OF   |   | 25f INTERVAL BETWEEN ONSET AND DEATH  |  |
| 25f OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)<br><b>None</b>                             |   | 25g AUTOPSY (Specify Y or N)<br><b>no</b>   |  |

FILED

DEC 29 1986

*Lucia O. Pinos*  
AUDITOR LAKE COUNTY

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