

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 _____
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- 12 _____

Key # 39-255-16 MIDWESTERN REAL ESTATE CO'S 3RD ADDITION N/2 S. 7 BL. 8

NOV 27 1984
EMBALMER'S NAME: Ronald J. Mesarch

DEC 11 1987 100591
LICENSE NO. 200367
FUNERAL DIRECTOR'S SIGNATURE: *William Blastok*

FUNERAL HOME
No. 300776

LAKE COUNTY HEALTH COMMISSIONER

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

CAUSE

Local No. *6cc* **954432** *2370-84*

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
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

45303
LAWYERS TITLE INS. CO.
7826 BROADWAY
MERRILLVILLE, IN 46410
State No. *56c*

DECEASED - NAME FIRST MIDDLE LAST JOSEPH R. MIKALOWSKY		SEX Male	DATE OF DEATH (MONTH DAY YEAR) November 22, 1984
RACE - (e.g. White, Black, American Indian, etc.) White	AGE - Last Birthday YEARS MONTHS DAYS 63	DATE OF BIRTH (MONTH DAY YEAR) Sept. 14, 1921	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Merrillville		HOSPITAL OR OTHER INSTITUTION (Name, Street, City, State and Zip) Methodist Hospital Southlake Campus	IF HOSP OR INST. (Specify DOA, OP, Emer, etc.) Inpatient
STATE OF BIRTH (If not in U.S.A. name country) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) Widowed	SURVIVING SPOUSE (Name, Street, City, State and Zip) ---
SOCIAL SECURITY NUMBER 305-12-9958	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Truck Driver	KIND OF BUSINESS OR INDUSTRY Local # 142	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary	
STREET AND NUMBER 4406 Cleveland Street		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS (Specify YES OR NO) No
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
FATHER - NAME FIRST MIDDLE LAST Stanislaus Mikalowsky		MOTHER - MAIDEN NAME FIRST MIDDLE LAST Agnes Bumbales	
INFORMANT - NAME (Type or Print) RELATIONSHIP Robert Mikalowsky - Son		MAILING ADDRESS STREET OR P.O. NO. CITY OR TOWN STATE ZIP 4406 Cleveland Street Gary, Indiana 46408	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery	LOCATION CITY OR TOWN STATE Merrillville, Indiana
DATE (MONTH DAY YEAR) November 26, 1984		FUNERAL HOME - NAME AND ADDRESS (STREET OR P.O. NO. CITY OR TOWN STATE ZIP) Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, IN 46410	
To the best of my knowledge, death occurred on the date and place and due to the cause(s) stated. 21a Signature: <i>Thomas P. Barbour</i>		DATE SIGNED (MONTH DAY YEAR) November 23, 1984	HOUR OF DEATH (Specify AM or PM) 1:15 PM
NAME OF ATTENDING PHYSICIAN (Type or Print) Thomas P. Barbour M.D.			
MAILING ADDRESS - PHYSICIAN 8683 Connecticut Merrillville, Indiana 46410			
HEALTH OFFICER - SIGNATURE <i>William Blastok</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 11-27-84	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR LINE 1(a) AND 1(b)) X Hepatic cirrhosis		Interval between onset and death	
1(a) DUE TO OR AS A CONSEQUENCE OF			
1(b) DUE TO OR AS A CONCOMITANT OF			
1(c) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) No	

WILLIAM BLASTOK
L.P.C. RECORDER