

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

967690

Below for State Office Use

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 N. 90 ft. of S. 301 N. R. 17 E. Sec. 15, T. 17 N. R. 13 E. S. 15  
 W. 2nd Ave. S. R. 17 E. S. 15  
 Key # 1748 R. 13 E. S. 15

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

EMBALMER'S NAME Erwin B. Cook

FUNERAL DIRECTOR'S SIGNATURE Robert Wiatrowski

FUNERAL HOME No. 2412

FUNERAL DIRECTOR'S LICENSE No. 968

FUNERAL HOME No. 2412

Local No. 246-29

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

KEY # 17-10-17

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.  
7895 BROADWAY  
MERRILLVILLE, IN. 46410  
No. 45627

DECEASED—NAME FIRST MIDDLE LAST JOSEPH C. PERETIN			SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 16, 1979
RACE (e.g. White, Black, American Indian, etc. (Specify)) White		AGE—Last Birthday 69	DATE OF BIRTH (Mo., Day, Yr.) Nov. 15, 1909	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Merrillville		HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) Bdwy. Methodist Hospital		IF HOSP. OR INST. specify DCA LOCALITY Inpatient
STATE OF BIRTH (If not in U.S.A.) Pennsylvania	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEV. R MARRIED, WIDOWED, etc. Married	SURVIVING SPOUSE (If not give maiden name) Christine Jaksa	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year)
SOCIAL SECURITY NUMBER 313 07 6037		USUAL OCCUPATION (If not kind of work doing at time of death) Retired (Blacksmith)	KIND OF BUSINESS OR INDUSTRY U.S. Steel	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hobart		
STREET AND NUMBER 617 N. Lake Park Ave.		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSURANCE CITY LIMITS (Specify Year)
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME Charles Peretin		MOTHER—MAIDEN NAME Barbara		
INFORMANT—NAME (Type or print) Christine Peretin		MAILING ADDRESS 617 N. Lake Park Ave. Hobart, Ind.		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cem.		LOCATION Merr., Indiana
DATE (MONTH, DAY, YEAR) Feb. 20, 1979		FUNERAL HOME—NAME AND ADDRESS Stillinovich, Palmer & Wiatrowski 4213 Bdwy. Gary, Indiana		
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated		SIGNED (Mo., Day, Yr.) MAR 03 1988		HOUR OF DEATH
NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. S. Desai				
MAILING ADDRESS—PHYSICIAN 3290 Grant Street Gary, Indiana				
HEALTH OFFICER'S SIGNATURE Erwin B. Cook		AUDITOR LAKE COUNTY Robert Wiatrowski		DATE RECEIVED BY LOCAL HEALTH OFFICER 2-20-79
PART I (a) IMMEDIATE CAUSE (If more than one cause, list all) Colon cancer with brain metastasis.		Interval between onset and death		
PART I (b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		
PART I (c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		

LILLIAN A. BLASTICK  
 RECORDER, LAKE COUNTY  
 PRO MAN-POINT  
 FILED  
 MAR 10 1988  
 AM 10 07  
 INDIANA  
 46307

J. H. H.