

Key # 18-254-3 Richard Dwight And Gadd to Robert

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

Below for State Office Use

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

EMBALMERS NAME Anthony S. Rehring IIG LICENSE NO. 1040

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

No. 781

LICENSE No. 2421

SIGNATURE

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
LAKE COUNTY HEALTH COMMISSIONER

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

CAUSE

974737

Local No. 2170-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

David Gurn

8251

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		Michael	A.	Jurov Jr.	Male	July 9, 1986	
RACE—(e.g. White, Black, American Indian etc.) (Specify)		AGE—(Last Birthday) (Yr.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo. Day Yr.)	COUNTY OF DEATH	
4 Cau		5a 58	5b	5c	Feb. 27, 1928	Lake	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—(Name, if not in index, give street and number)			IF HOSP OR INST. indicate DOA OF Emer. Am. Impoverished (Specify)	
7a Merrillville			7c Methodist Southlake Campus			7d Inpat.	
STATE OF BIRTH (If not in U.S.A. name of country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr. & No.)
8 Indiana		9 U.S.A.		10 Married	11 Helen Tonis		12 Yes
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life prior to death)		KIND OF BUSINESS OR INDUSTRY	
13 317-20-8502				14a Retired		14b Mike's Copiers	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION			
16a Ind.		16b Lake		16c Calumet Township			
STREET AND NUMBER					IS RESIDENCE ON A FARM?		INSTITUTION WHERE DEATH OCCURRED (Specify)
15d 2915 W. 45th Ave.					15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f APR 10 55 AM 1986
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
16 Michael					Jurov Sr.	17 Anna Marinak	
INFORMANT—NAME (Type or Print)			RELATIONSHIP		MAILING ADDRESS		
18 Helen Jurov - Wife					18a 2915 W. 45th Ave. Gary, Indiana 46408		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		
19a Burial			19b Graceland Cemetery		19c Valparaiso, Ind.		
DATE (MONTH DAY YEAR)			FUNERAL HOME—NAME AND ADDRESS		(STREET OR RFD NO., CITY OR TOWN, STATE ZIP)		
20a July 12, 1986			Rendina Funeral Home, 5100 Cleveland St. Gary, In		46408		
SIGNATURE OF PHYSICIAN (Type or Print)					DATE SIGNED (Mo., Day Yr.)		HOUR OF DEATH
21a R. Weiss, M.D.					21b July 10, 1986		21c
MAILING ADDRESS—PHYSICIAN							
21a 202 E. 86th Ave. Merrillville, Ind. 46410							
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a Paul Johnson					22b 7-11-80		
PART I							
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) IN AND (c))							
(a) Hemorrhage - Gastrointestinal							
(b) Gastric Carcinoma							
(c) Hemorrhage, Gastrointestinal							
PART II							
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)							
Liver							

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
INDIANA
46307
APR 28 1988
FILED
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APR 28 1988