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Below for State Office Use

FILED AUG 17 1988

992856

Local No. 37685

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. .....

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 DECEASED—NAME (First, Middle, Last)	KONSTANTINOS (GUST) KOUVELAS	2 SEX	Male
3 DATE OF DEATH (Month, Day, Year)	February 16, 1985		
4 RACE	White	5a AGE—Last Birthday (Yrs)	84
5b UNDER 1 YEAR (Mos / Days)		5c UNDER 1 DAY (Hours / Mins)	
6 DATE OF BIRTH (Mo, Day, Yr)	Feb. 24, 1900	7a COUNTY OF DEATH	Lake
7b CITY, TOWN OR LOCATION OF DEATH	Hobart	7c HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)	St. Mary Mercy Hospital
7d IF HOSP OR INST, Inpatient or Outpatient (Dead on Arrival)	Inpatient		
8 STATE OF BIRTH (If not in U.S.A. name country)	Greece	9 CITIZEN OF WHAT COUNTRY	U.S.A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	Married	11 SURVIVING SPOUSE (If wife, give maiden name)	Mary Consorti
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	No		
13 SOCIAL SECURITY NUMBER	308-36-2229	14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Retired (Owner)
14b KIND OF BUSINESS OR INDUSTRY	C & M Liquor Store		

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

15a RESIDENCE—STATE	Indiana	15b COUNTY	Lake
15c CITY, TOWN OR LOCATION	Gary		
15d STREET AND NUMBER	4350 Washington	15e IS RESIDENCE ON A FARM? YES ☐ NO ☒	
INSIDE CITY LIMITS? (Yes or No)	Yes		

15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16 FATHER—NAME (First, Middle, Last)	George Kouvelas	17 MOTHER—MAIDEN NAME (First, Middle, Last)	Theodora (Not Available)

DISPOSITION

18a INFORMANT—NAME (Type or print) RELATIONSHIP	Mary Kouvelas (wife)	18b MAILING ADDRESS (Street or R.F.D. No, City or Town, State)	4350 Washington Gary, Indiana 46408
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Burial	19b CEMETERY OR CREMATORY—FUNERAL HOME	Calumet Park Cemetery
19c LOCATION (City or Town, State)	Merrillville, Indiana		
20a DATE (Month, Day, Year)	February 19, 1985	20b FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No, City or Town, State, Zip)	Stilinovich & Wiatrolik 7535 Taft Merrillville, IN 46410

M.D. OR D.O.

21a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature) John Scully

21b DATE SIGNED (Mo, Day, Yr) Feb 19, 1985

21c HOUR OF DEATH 4:45 a.m.

21d NAME OF ATTENDING PHYSICIAN (Type or Print) John Scully, M.D.

21e MAILING ADDRESS—PHYSICIAN 3895 Broadway Merrillville, Indiana 46410

1 Paul A. Johnson M.D.

2

2a DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 20 1985

CAUSE

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

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I (a) Multiple Cerebral Infarctions — Interval between onset and death: 2 years

DUE TO OR AS A CONSEQUENCE OF

(b) Cerebral Arteriosclerosis

DUE TO OR AS A CONSEQUENCE OF

(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) — Gangrene - Right Foot

24. AUTOPSY (Results Yes or No) No

SBH 06-003 State Form 35430
REV. 10/77

FUNERAL DIRECTOR'S NAME Dorothy Kouvelas — LICENSE No. 968 — FUNERAL HOME Scheimmelli Bros. — LICENSE No. 242

EMBALMER'S NAME James Gholston — LICENSE No. 419

FUNERAL DIRECTOR'S SIGNATURE Robert Wiatrolik

FEB 22 1985

THIS CERTIFIES THAT THE DEATH OF THE PERSON NAMED HEREIN WAS REGISTERED IN THE OFFICE OF THE LAKE COUNTY HEALTH DEPT.

LAKE COUNTY HEALTH COMMISSIONER

LILIAN A. BLASTICK RECORDER LAKE COUNTY CROWN POINT, INDIANA 3 30

Key #45-179-31 Quitclaim Deed 439 Blis