

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 HAMMOND HEALTH DEPT.

DEC - 3 1986

Date Issued

HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME

F.H.S. OWENS

LICENSE No. 104

FUNERAL DIRECTOR'S

SIGNATURE

LICENSE No. 965

FUNERAL DIRECTOR'S

FUNERAL HOME

Key # 33-132-31-Forrestl Sheffield Sub. W 30 ft E 10 ft

M.D. OR D.O.

PARENTS

DECEASED

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

096808

Local No. 799

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Mildred Domsich
State No.

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
STEPHEN M. DOMSICH					M	11-21-86	
RACE—(e.g. White, Black, American Indian, etc.)	AGE—(Last Birthday This)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo Day Yr)	COUNTY OF DEATH
W	72	MO	DAYS	HOURS	MIN	8-14-14	LAKE
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—(Name, if not in other part, give street and number)			IF HOSP OR INST (Indicate DOA or Emer. Sec. Dept. on Separate)
HAMMOND				836-114 TH ST.			
STATE OF BIRTH (or not in U.S.A. (Specify Country))	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	SURVIVING SPOUSE (if wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		
IN.	U.S.A.	MARRIED	MILDRED		No		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (If kind of work done during most of working life, give it in words)			KIND OF BUSINESS OR INDUSTRY		
718-18-7104		MACHINIST			GLOBE ROOFING		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?			
IN.	LR.	WHITING		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STREET AND NUMBER				IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)	
836-114-57				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		YES	
IS DECEASED OF SPANISH DESCENT? (YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.)							
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
PAUL				DOMSICH	ANNA		
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN	STATE
MILDRED		WIFE		836-114 TH ST.		WHITING, IN.	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		CITY OR TOWN	STATE
BURIAL		ST. JOHN CEM.		HAMMOND, IN.			
DATE (MONTH DAY YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO		CITY OR TOWN	STATE
11-24-86		OWENS F.H.		816-119 TH WHITING, IN.			
To the best of my knowledge, death occurred at the time, date and place and that to the deceased stated				DATE SIGNED (Mo Day Yr)		HOUR OF DEATH	
M. Ali M.D.				9 24		9 24 AM	
NAME OF ATTENDING PHYSICIAN (Type or Print)				M.D.		RECORDER	
MAILING ADDRESS—PHYSICIAN				116 Columbia Ave. Munster, IN.		DATE RECEIVED BY LOCAL HEALTH OFFICER	
HEALTH OFFICER'S SIGNATURE				Mildred Domsich		DEC - 3 1986	
22a IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))							
PART I (a) Advanced stage Spleenoma cell FILED by							
DUE TO OR AS A CONSEQUENCE OF							
(b) DUE TO OR AS A CONSEQUENCE OF							
DUE TO OR AS A CONSEQUENCE OF							
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)							
APR 24 1990							
AUDITOR LAKE COUNTY							

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

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