

TYPE OR PRINT
PLAINLY WITH
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PERMANENT
RECORD

Below for State Office Use

103374

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 885-80

THIS IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. JUN 13 1980

FUNERAL HOME No. 289

LICENSE No. 5184

FUNERAL DIRECTOR'S SIGNATURE *Anthony J. ...*

LICENSE No. 2141

FUNERAL DIRECTOR'S SIGNATURE *Anthony J. ...*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

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

PARENTS

DISPOSITION

M.D. OR D.O.

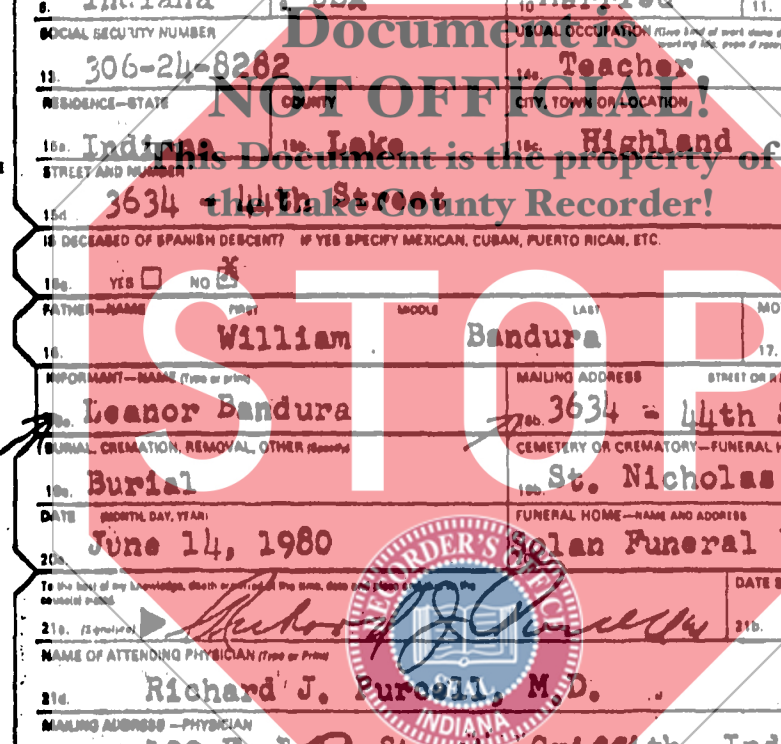
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1. Michael Bandura			SEX 2. Male	DATE OF DEATH MONTH, DAY, YEAR 3. June 12, 1980
RACE—(Ind. 9-10-74, Sec. 1, American Indian, 11-1-1962) 4. White	AGE—Last Birthday (70) 5a. 55	UNDER 1 YEAR MO. 7	UNDER 1 DAY HOURS 11 MIN. 56	DATE OF BIRTH (Ind. 9-11-71) Nov. 1, 1924
CITY, TOWN OR LOCATION OF DEATH 7b. Munster		HOSPITAL OR OTHER INSTITUTION—Name if not in either give street and number 7c. Community Hospital		IF HOSP. OR INST. Ind. 9-10-74, Sec. 1, American Indian, 11-1-1962 7d. Emer. Rm.
STATE OF BIRTH (Ind. 9-10-74, Sec. 1, American Indian, 11-1-1962) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE or wife give maiden name 11. Leonor (Coffman)	
SOCIAL SECURITY NUMBER 12. 306-24-8282		USUAL OCCUPATION (Type kind of work done during most of working life, give # if seasonal) 13a. Teacher		KIND OF BUSINESS OR INDUSTRY 13b. Morton Senior High Sch
RESIDENCE—STATE 14a. Indiana	COUNTY 14b. Lake	CITY, TOWN OR LOCATION 14c. Highland	15. 3634 44th Street	
16. 3634 44th Street		15 RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16. yes
18. DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 19. William Bandura		MOTHER—MAIDEN NAME 17. Eva Petrunich		
REPORTANT—NAME (Type or print) 18b. Leonor Bandura		MAILING ADDRESS 18c. 3634 44th Street Highland, Ind. 46322		
DISPOSITION 19b. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19c. St. Nicholas Cemetery Hammond, Indiana		
DATE (MONTH, DAY, YEAR) 20a. June 14, 1980		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP) 20b. Solan Funeral Home, 7109 Calumet Ave., Ham'd, Ind.		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a. Richard J. Purcell, M.D.		DATE SIGNED (Ind. 9-11-71) 21b. June 13, 1980		HOUR OF DEATH 21c. 12:21 A.M.
MAILING ADDRESS—PHYSICIAN 21a. 109 E. Lake Street, Griffith, Indiana 46319		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 06-13-80		
HEALTH OFFICER'S SIGNATURE 22a. Ken Frey M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 06-13-80		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))				
PART (a): Cardiac arrest				
PART (b): acute myo cardial infarction				
PART (c): Coronary Heart Disease				
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART 1 (a)				

SBH 06-033 REV. 10/77

001904 no 400



FILED

MAY 31 1990

AUDITOR LAKE COUNTY *Minutes*

Disposition Permit Issued /

Provisional Certificate Yes No