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- Z \_\_\_\_\_

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

OCT 9 1984

Key # 03-27-76

LICENSE No. 5346

William G. Sheets

FUNERAL HOME  
No. 427

FUNERAL DIRECTOR'S SIGNATURE  
FUNERAL DIRECTOR'S LICENSE No. 2258

105130

Local No. 1851-84

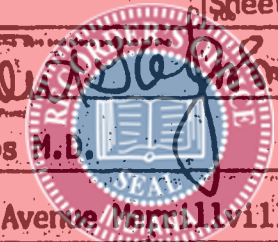
INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Clara Williams Ref 1-36

State No.

DECEASED - NAME 1 Robert Peter Vuleitch		SEX Male	DATE OF DEATH MONTH DAY YEAR 9-29-1984
RACE - (1) White, (2) Black, (3) American Indian or Alaskan, (4) Other	AGE - (1) 1 Year, (2) 1 Year and Under, (3) 5, (4) 10, (5) 15, (6) 20, (7) 25, (8) 30, (9) 35, (10) 40, (11) 45, (12) 50, (13) 55, (14) 60, (15) 65, (16) 70, (17) 75, (18) 80, (19) 85, (20) 90, (21) 95, (22) 100	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINUTES
White	55		
CITY, TOWN OR LOCATION OF DEATH 70 Crown Point		HOSPITAL OR OTHER INSTITUTION 72 St Anthonys Hospital	IF HOSP OR INST. Indicate ICD-9-CM Code, ICD-9-CM Procedure Code
STATE OF BIRTH or that of U.S.A. (1) Indiana, (2) Ill, (3) Ala, (4) Ark, (5) Cal, (6) Colo, (7) Conn, (8) Del, (9) Fla, (10) Ga, (11) Idaho, (12) Ill, (13) Ind, (14) Iowa, (15) Kan, (16) Ky, (17) La, (18) Maine, (19) Md, (20) Mass, (21) Mich, (22) Minn, (23) Miss, (24) Mo, (25) Mont, (26) Neb, (27) Nev, (28) N.H., (29) N.J., (30) N.Y., (31) N.C., (32) N.D., (33) Ohio, (34) Okla, (35) Ore, (36) Pa, (37) S.C., (38) S.D., (39) Tenn, (40) Tex, (41) Utah, (42) Va, (43) W.V., (44) Wisc, (45) Wyo	CITIZEN OF WHAT COUNTRY 10 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (1) Married, (2) Never Married, (3) Widowed, (4) Divorced	
Illinois	USA	10 Married	11 Clara Manigrasso
SOCIAL SECURITY NUMBER 13 326-24-8568	USUAL OCCUPATION (1) 1st of work done during most of working life, (2) 2nd of work done during most of working life, (3) 3rd of work done during most of working life, (4) 4th of work done during most of working life, (5) 5th of work done during most of working life, (6) 6th of work done during most of working life, (7) 7th of work done during most of working life, (8) 8th of work done during most of working life, (9) 9th of work done during most of working life, (10) 10th of work done during most of working life, (11) 11th of work done during most of working life, (12) 12th of work done during most of working life, (13) 13th of work done during most of working life, (14) 14th of work done during most of working life, (15) 15th of work done during most of working life, (16) 16th of work done during most of working life, (17) 17th of work done during most of working life, (18) 18th of work done during most of working life, (19) 19th of work done 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done during most of working life, (97) 97th of work done during most of working life, (98) 98th of work done during most of working life, (99) 99th of work done during most of working life, (100) 100th of work done during most of working life	RIND OF BUSINESS OR INDUSTRY 14b J and L Steel	
Retiree			
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Shelby	IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
901 Monon Road			INSIDE CITY LIMITS? (Specify Yes or No) 15f Yes
IS DECEASED OF SPANISH DESCENT? (1) Yes, specify Mexican, Cuban, Puerto Rican, etc. (2) No			
PARENTS			
FATHER - NAME (First Middle Last) 16 Anton Vuleitch	MOTHER - MAIDEN NAME (First Middle Last) 17 Anna Bucsko		
INFORMANT - NAME (Type of person) 18 Clara Vuleitch	RELATIONSHIP 19 Wife	MAILING ADDRESS 18a 901 Monon Road	CITY OR TOWN STATE ZIP 18b Shelby Indiana 46377
DISPOSITION			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY - FUNERAL HOME 19b Chapel Lawn Memorial Gdns.	LOCATION - CITY OR TOWN STATE 19c Schererville Indiana	
DATE - MONTH DAY YEAR 20a 10-3-1984	FUNERAL HOME - NAME AND ADDRESS 20b Sheets-Love Funeral Home 604 E. Commercial Lowell, In 46356		
NAME OF ATTENDING PHYSICIAN (Type of Practitioner) 21a Trent Orfanos M.D.		DATE SIGNED (Month Day Year) 21b 10/4/84	HOUR OF DEATH 21c 11:16 PM
MAILING ADDRESS - PHYSICIAN 21d 521 E. 86th Avenue Merrillville, Indiana 46410			
HEALTH OFFICER - Signature 22a <i>Clara Williams</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-9-84	
CAUSE			
PART (a) PRESUMPTIVE MASSIVE P. MYOCARDIAL INFARCTION		ONE ROW	
PART (b) OTHER (Specify Cause) - Conditions contributing to death but not related to cause given in PART (a)			

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FILED

JUN 11 1980

*Clara Williams*

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