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Below for State Office Use

31 VET 11/10 C

Local No: 189D-82

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No: _____

FUNERAL HOME
No. 776

TYPE OR PRINT
IN PERMANENT
INK FOR
INSTRUCTIONS
SEE
HANDBOOK

| | | | | | |
|--|--|--|--|--|---|
| 1 DECEASED - NAME GEORGE (Billy) WILLIAM GULLIC | | SEX Male | | DATE OF DEATH MONTH DAY YEAR November 25, 1982 | |
| 2 RACE - <small>to be filled in by physician</small> White | 3 AGE - <small>Last birthday</small> 60 | 4 UNDER 1 YEAR MOB DAYS | 5 UNDER 1 DAY HOURS MIN | 6 DATE OF BIRTH MO DAY YEAR Aug. 16, 1922 | 7 COUNTY OF DEATH Lake |
| 8 CITY, TOWN OR LOCATION OF DEATH Merrillville | | | 9 HOSPITAL OR OTHER INSTITUTION - <small>Name of institution and number</small> Methodist Hospital Southlake Campus | | 10 IF HOSP OR INST. <small>Indicate by circling I or H</small> Inpatient |
| 11 STATE OF BIRTH Illinois | 12 CITIZEN OF WHAT COUNTRY U.S.A. | 13 MARRIED NEVER MARRIED, WIDOWED, DIVORCED Married | 14 SURVIVING SPOUSE Bernice S. Rakowski | | 15 WAS DECEDENT EVER IN ARMED FORCES? Yes |
| 16 SOCIAL SECURITY NUMBER 315-03-2943 | | 17 USUAL OCCUPATION Matchmaker | | 18 KIND OF BUSINESS OR INDUSTRY Retail Jewelry | |
| 19 USUAL RESIDENCE - <small>Where deceased lived, if death occurred in institution give residence before admission</small> RESIDENCE - STATE Indiana | | 20 COUNTY Lake | | 21 CITY, TOWN OR LOCATION Merrillville | |
| 22 STREET AND NUMBER 1810 West 61st Avenue | | | 23 IS RESIDENCE ON A FARM? NO <input checked="" type="checkbox"/> | 24 INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> | |
| 25 IS DECEASED OF SPANISH DESCENT? <small>Yes or No</small> NO <input checked="" type="checkbox"/> | | | | | |
| 26 FATHER - NAME Olaf Gullic | | 27 MOTHER - MAIDEN NAME Nina Winkler | | | |
| 28 INFORMANT - NAME Bernice Gullic - Wife | | 29 RELATIONSHIP Wife | | 30 MAILING ADDRESS 1810 West 61st Avenue, Merrillville, Indiana 46410 | |
| 31 BURIAL, CREMATION, REMOVAL, OTHER Burial | | 32 CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery | | 33 LOCATION Merrillville, Indiana 46410 | |
| 34 DATE November 29, 1982 | | 35 FUNERAL SERVICE - NAME AND ADDRESS Geisen Funeral Home Inc. 7905 Broadway, Merrillville, In. 46410 | | | |
| 36 NAME OF ATTENDING PHYSICIAN JOHN A. MIRRO JR. M.D. | | 37 DATE RIGHT D. November 26, 1982 | | 38 HOUR OF DEATH 8:10 P. | |
| 39 MAKING ADDRESS 124 North Main Street, Crown Point, Indiana 46410 | | 40 HEALTH OFFICER - SIGNATURE <i>John A. Mirro Jr.</i> | | 41 DATE RECEIVED BY LOCAL HEALTH OFFICER 11-29-82 | |
| 42 PART I Respiratory failure | | 43 PART II Perforated duodenum | | 44 PART III OTHER SIGNIFICANT CONDITIONS | |
| 45 CAUSE | | 46 | | 47 | |

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH IN FILE WITH THE LAKE COUNTY HEALTH DEPT. NOV 29 1982

EMBALMER'S NAME: Ronald J. McLaughlin
 FUNERAL DIRECTOR: Jesse J. McLaughlin
 SIGNATURE: *Jesse J. McLaughlin*
 LICENSE No. 591
 FUNERAL DIRECTOR'S LICENSE No. 367

LAKE COUNTY HEALTH COMMISSION

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FILED

MAY 31 1990

Carol N. Anton
 AUDITOR LAKE COUNTY