6 cc + VETS

831 Conn. St.
Gary 46402
Irma Panagiotis

140840

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 2143-90

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): John Michael Panagiotis
2. SEX: Male
3a. TIME OF DEATH: 05:25P M
3b. DATE OF DEATH (Month, Day, Yr): October 26, 1990
4. SOCIAL SECURITY NUMBER: 306-09-5788
5a. AGE—Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): AUG 15, 1908
7. BIRTHPLACE (City and State or Foreign Country): Kalymnos, Greece
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): Methodist Hospital Southlake
9c. CITY, TOWN, OR LOCATION OF DEATH: Merrillville
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Irma ~~Panagiotis~~ Lodney
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Operator
12b. KIND OF BUSINESS/INDUSTRY: Sheet & Tin
13a. RESIDENCE—STATE: Florida
13b. COUNTY: Pasco
13c. CITY, TOWN, OR LOCATION: Holiday
13d. STREET AND NUMBER: 133 W. Tiki Drive
13e. ZIP CODE: 34691
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM?: [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: [X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Michael J. Panagiotis
19. MOTHER'S NAME (First, Middle, Maiden Surname): Maria Sakalerou

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Irma Panagiotis
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 133 W. Tiki Drive, Holiday, Florida 34691
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Other (Specify) [ ] Entombment [ ] Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): OCT 30, 1990 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, Indiana 464
22a. EMBALMER'S NAME: Henry Blake
22b. EMBALMER'S LICENSE NO.: FDE1019406
23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Robert Wiatrolik
24b. LICENSE NUMBER (of Licensee): FDE1001293
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FH3004455 Stillnovich & Wiatrolik Funeral Home 7535 Taft Street, Merrillville, IN 464

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): Congestive heart failure

DUE TO (OR AS A CONSEQUENCE OF): arteriosclerosis

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

Approximate Interval Between Onset and Death

PART II. Other significant conditions: Conditions contributing to death but not previously mentioned.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM?
28a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

FILED DEC 27 1990

STATE OF INDIANA SS
LAKE COUNTY
FILED FOR RECORD
DEC 27 1990
RECORDER

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

LAKE COUNTY RECORDER SEAL

CERTIFIER

29a. CERTIFIER (Check only one):
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated.
[ ] HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) stated.
[ ] CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Alvena A. Ostrowski... Lake County Health Commissioner

29b. SIGNATURE AND TITLE OF CERTIFIER: John Kolettis
29c. MEDICAL LICENSE NO.: 0017087
29d. DATE SIGNED (Month, Day, Year): 10-29-90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Kolettis, 6111 Harrison, Merrillville, IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Paul A. Johnson
32. DATE FILED (Month, Day, Year): OCT 29, 90

CORONER USE ONLY

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

01349

6.00

#441448 Rt 8 Bk 14

Gary Bd Co. Lk

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1