

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

400

92001495

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No:

Local No. 1937-87

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
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#45-179-32

FDE1004194

LICENSE No.

JAMES W. GHOLSTON

FUNERAL HOME
No. FDE3004455

FUNERAL DIRECTORS
LICENSE No. FDE1001293

Robert Wierzbicki
FUNERAL DIRECTOR
SIGNATURE

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, DIVE
RESIDENCE BEFORE
ADMISSION:

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH
MAY
AFFECT
CAUSE
STAYING THE
UNDERLYING
CAUSE LAST

ED 1991

CAUSE
Antonia

DECEASED NAME 1 GEORGE MATIJEVICH		SEX 2 MALE		DATE OF DEATH (MONTH DAY YEAR) 3 OCTOBER 11, 1987	
RACE - to be White, Black, American Indian, or Other (Specify) 4 WHITE		AGE - Last Birthday (Year, Month, Day) 5a 85		DATE OF BIRTH (Year, Month, Day) 6 FEB. 14, 1902	
CITY, TOWN OR LOCATION OF DEATH 7a CROWN POINT		HOSPITAL OR OTHER INSTITUTION 7b ST. ANTHONY'S MEDICAL CENTER		IF HOSP OR INST (Specify) 7c INPATIENT	
STATE OF BIRTH (If not in U.S.A. name country) 8 YUGOSLAVIA		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED - NEVER MARRIED, WIDOWED, DIVORCED 10 MARRIED	
SOCIAL SECURITY NUMBER 13 313-07-3903		USUAL OCCUPATION (If on 12-month work during most of preceding 12 months) 14a RETIRED STEEL WORKER		SURVIVING SPOUSE (If wife give her name) 11 MARY CHORAK	
RESIDENCE - STATE 15a INDIANA		COUNTY 15b LAKE		CITY, TOWN OR LOCATION 15c CROWN POINT	
STREET AND NUMBER 15d 901 PETTIBONE STREET		IS RESIDENCE ON A FARM? 15e NO		INSIDE CITY LIMITS? 15f YES	
15 DECEASED OF SPANISH ORIGIN? (If so, specify name of country of origin) 15g NO					
FATHER - NAME (First, Middle, Last) 16 N/A		MOTHER - MAIDEN NAME (First, Middle, Last) 17 N/A			
INFORMANT - NAME (Type or print) 18a MARY MATIJEVICH		RELATIONSHIP 18b WIFE		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) 18c 901 PETTIBONE STREET, CROWN POINT, INDIANA 46307	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME 19b CALUMET PARK		LOCATION: CITY OR TOWN, STATE 19c MERRILLVILLE, INDIANA	
DATE (Month, Day, Year) 20a OCTOBER 14, 1987		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) 20b STILINOVICH-WIATROLIK, 7535 TAFT, MERRILLVILLE, INDIANA 46410			
To the best of my knowledge, death occurred at the time, date, and place and on the following personal signed 21a Manuel B. Gabato, M.D.		DATE SIGNED (Month, Day, Year) 21b 10/14/87		HOUR OF DEATH 21c	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d MANUEL B. GABATO, M.D.		MAILING ADDRESS - PHYSICIAN 21e 12110 GRANT, CROWN POINT, INDIANA 46307			
HEALTH OFFICER - SIGNATURE 22a Robert Wierzbicki		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10/14/87			
PART I (a) IMMEDIATE CAUSE (Enter only one cause, plus type for (a) and (b)) Cardio Pulmonary Arrest		Interval between onset and death NI			
(b) DUE TO OR AS A CONSEQUENCE OF Brucellosis		Interval between onset and death 1-2 weeks			
(c) DUE TO OR AS A CONSEQUENCE OF CAUSE		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Possible Brucellosis		AUTOPSY (Specify Yes or No) 24			

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

Stasia Rivera
77 3100-45 Ave
H'land 46322

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