

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

92012556

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 753-87

State No.

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
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Key 27-183
2nd add. to emp. form
7539
Liquor St.
Highland
L.B. Bl. 1
46322

FDEI 006015
LICENSE No. LAWRENCE MILLER

FUNERAL HOME FDEI 003035
FUNERAL DIRECTOR'S SIGNATURE
FDEI 006015
LICENSE No. FDEI 006015

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

DECEASED - NAME 1. LOUIS B. GOLEC			SEX 2. MALE		DATE OF DEATH MONTH DAY YEAR 3. APRIL 13, 1987		
RACE 4. WHITE		AGE 5a. 71	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH MONTH DAY YEAR 6. SEPT. 4, 1915		
CITY, TOWN OR LOCATION OF DEATH 7b. HIGHLAND			HOSPITAL OR OTHER INSTITUTION 7c. 2828 FRANKLIN ST.		COUNTY OF DEATH 7d. LAKE		
STATE OF BIRTH 8. INDIANA		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10. MARRIED		SURVIVING SPOUSE 11. HELEN PRUCY	
SOCIAL SECURITY NUMBER 12. 306-03-6090			USUAL OCCUPATION 14a. STEEL WORKER		KIND OF BUSINESS OR INDUSTRY 14b. INLAND STEEL		STATE OF INDIANA FILED FOR RECORD MAR 9 9 53 AM '87
RESIDENCE - STATE 15a. INDIANA		COUNTY 15b. LAKE		CITY, TOWN OR LOCATION 15c. HIGHLAND		INSIDE CITY LIMITS 15d. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
STREET AND NUMBER 15d. 2828 FRANKLIN ST.			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							RECORD AND FILE
FATHER - NAME 16. JOHN GOLEC		MOTHER - MAIDEN NAME 17. MARYA SIEK					
INFORMANT - NAME (step or grand) 18a. HELEN GOLEC		RELATIONSHIP 18b. WIFE		MAILING ADDRESS 18c. 2828 FRANKLIN ST. HIGHLAND, IND. 46322		ZIP	
BURIAL, CREMATION, REMOVAL, OTHER (specify) 19a. BURIAL			CEMETERY OR CREMATORY - FUNERAL HOME 19b. CALUMET PARK CEMETERY		LOCATION 19c. MERRILLVILLE, IND.		
DATE (MONTH DAY YEAR) 20a. APRIL 15, 1987			FUNERAL HOME - NAME AND ADDRESS 20b. FAGEN-MILLER FUNERAL GARDENS, INC. HIGHLAND, IND.				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) Stanley J. Sroka, M.D.				DATE SIGNED (Mo. Day Year) 21b. 4-16-87		HOUR OF DEATH 21c. 10:30 A.M.	
NAME OF ATTENDING PHYSICIAN (step or grand) 21d. Stanley J. Sroka, M.D.				MAILING ADDRESS - PHYSICIAN 21e. 2942 Highway Ave. Highland, Indiana 46322			
HEALTH OFFICER - SIGNATURE 22a. Carl Johnson					DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 4/15/87		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR LINE 1b AND 1c)							
PART I		(a) Acute coronary occlusion				Interval between onset and death 1 day	
		(b) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
		(c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
PART II		OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)				AUTOPSY (Specify Yes or No)	

Auditor N. Antos
AUDITOR LAKE COUNTY

00015

207-6