

PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD

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EMBALMER'S NAME: Charles W. Wells
 FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*
 LICENSE No. 4237
 FUNERAL HOME No. 245
 FUNERAL DIRECTOR'S LICENSE No. 1448

92012663

Local No. 2935-86

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

*Genevieve J. Jordan
 RR #1 Box K
 Merrillville, Ind. 46455
 6-9145*

*Funeral home: ...
 11211 ...
 both ...
 Key # 45-181-26
 Lot # 25*

DECEASED-NAME JOSEPH F. SLIWA		SEX Male	DATE OF DEATH October 31, 1986
RACE White	AGE 82	DATE OF BIRTH 3/19/1904	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Merrillville	HOSPITAL OR OTHER INSTITUTION Merrillville Convalescent Center		PLACE OF DEATH Inpatient
STATE OF BIRTH Poland	CITIZEN OF WHAT COUNTRY USA	MARRIED Married	WAS DECIDENT EVER IN US ARMED FORCES? no
SOCIAL SECURITY NUMBER 312-05-2900	USUAL OCCUPATION Retired Supervisor	KIND OF BUSINESS OR INDUSTRY US Steel	
RESIDENCE-STATE Indiana	CITY, TOWN OR LOCATION Lake	RESIDENCE ON A FARM? no	
STREET AND NUMBER 5028 Washington St.	INSIDE CITY LIMITS? yes		STATE OF DEATH IND
IS DECEASED OF SPANISH DESCENT? no			
FATHER-NAME Stanley Sliva	MOTHER-MAIDEN NAME Mary Ann	DATE SIGNED Nov. 3, 1986	
INFORMANT-NAME Victoria J. Sliva	RELATIONSHIP Wife	MAILING ADDRESS 5028 Washington St., Gary, Indiana 46408	HOUR OF DEATH 3:10 PM
BURIAL, CREMATION, REMOVAL, OTHER Burial	CEMETERY OR CREMATORY-FUNERAL HOME Calvary Cemetery	LOCATION Portage, Indiana	DATE RECEIVED BY LOCAL HEALTH OFFICER 11-5-86
DATE OF DEATH November 4, 1986	FUNERAL HOME-NAME AND ADDRESS PRUZIN BROTHERS FUNERAL SERVICE, 6360 Broadway, Merr. Ind. 46410	M.D. OR D.O. Mona K. Stern M.D.	
HEALTH OFFICER-SIGNATURE <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 11-5-86	
IMMEDIATE CAUSE Prostate cancer with metastases		MARRIED no	
OTHER SIGNIFICANT CONDITIONS		AUTHORITY	

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

[Signature]
 LAKE COUNTY HEALTH COMMISSIONER



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 COUNTY CLERK
 LAKE COUNTY

STATE OF INDIANA
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