

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A **92013860**
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit
Issued
Provisional
Certificate
 Yes No

KEY 26 8-77
599.4777 F.N. 110FT OF
W. 17750 FT SW 37 TO ST. ON
W. 3317 S 24 T 36 N R. 10642

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

David W. Ruzich
Whiting 46394
State
No.

Local No. **41581**

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

FUNERAL HOME
No. **727**

DECEASED

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

PARENTS

DISPOSITION

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

CAUSE

EMBALMER'S NAME **David W. Ruzich** MAR 13 LICENSE No. **864**

FUNERAL DIRECTOR'S
SIGNATURE **David W. Ruzich** LICENSE No. **1323**

DECEASED NAME Andrew Murga		SEX Male	DATE OF DEATH (MONTH DAY YEAR) March 9, 1981
HALL - Is this State American born or born in the U.S.A. White	AGE - Last Birthday 80	UNDER 1 YEAR MAY - DAYS ---	UNDER 1 DAY HOURS - MIN. ---
CITY, TOWN OR LOCATION OF DEATH Ever		HOSPITAL OR OTHER INSTITUTION Our Lady of Mercy Hospital	II HOSP OR INST indicates DIA OF Inst. Am. Hospital (Specify)
STATE OF BIRTH (if not in U.S.A. name country) Czechoslovakia	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED Married	SURVIVING SPOUSE (if wife give maiden name) Anna Hubanich
SOCIAL SECURITY NUMBER 342 - 07 - 4325	USUAL OCCUPATION (Give kind of work done during most of working life. Specify if retired)	KIND OF BUSINESS OR INDUSTRY Graver Bank	
RESIDENCE - STATE Indiana	CITY, TOWN OR LOCATION Whiting	14b 4	STATE OF ILL. FILED LAKE COUNTY
15a 1143 N. Broad Street	15b NO	15c NO	INSIDE CITY LIMITS (Specify Yes or No) Yes
FATHER - NAME John Murga		MOTHER - MAIDEN NAME Ann Iski	
INFORMANT - NAME (Type or Print) Mrs. Anna Murga		MAILING ADDRESS 1143 N. Broad Street Griffith, IN 46319	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME	
19a Burial		19b St. Mary Cemetery	
DATE (MONTH DAY YEAR) March 12, 1981		19c Hammond, IN	
20a RUZICH FUNERAL HOME 2031 Indpls. Blvd. Whiting, IN 46394		DATE SIGNED (Mo. Day Year) FEB 28 1992	
21a Dr. Adela Perez		21b FILED	
21c 2156 Hart Ave, Indiana		21c M	
HEALTH OFFICER - SIGNATURE Lee J. J. M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 9-31-81	
22a IMMEDIATE CAUSE		INTERVAL BETWEEN ONSET AND DEATH	
PART I (a) Acute Coronary condition		Interval between onset and death	
(b) General arteriosclerosis - arteriosclerosis heart disease		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)	