

92027262

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 90-74

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Trajan (Tom) Mitrovich 2. Male 3. January 26, 1974

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOB. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 50 5b. 5c. 6. 1/8/1923 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Hobart 7c. No 7d. St. Mary Mercy Hospital South

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)

8. Macedonia 9. U.S.A. WIDOWED DIVORCED 11. Zakaria Parkevich

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 307-20-3860 13a. Self Employed 13b. Restaurant Tom's Lounge

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Gary 14d. Calumet

STREET AND NUMBER 14e. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) IS RESIDENCE ON A FARM?

14f. 807 E. Ridge Road No 14h. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

PARENTS 15. Valin Mitrovich 16. Gaca Nastovska

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Zakaria Mitrovich 17b. Wife 17c. 807 E. Ridge Rd. Gary, Indiana

PART I. DEATH WAS CAUSED BY. [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Cerebro Vascular Accident 12 Days

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), AND (c) DUE TO, OR AS A CONSEQUENCE OF:

HEALTH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

APR 30 1992

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

M. D. OR D. O. LAKE COUNTY HEALTH COMMISSIONER M. D. Phillips, M.D. 22b. Dr. D. Phillips, M.D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 1356 S. Lake Pk. Hobart, Indiana

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

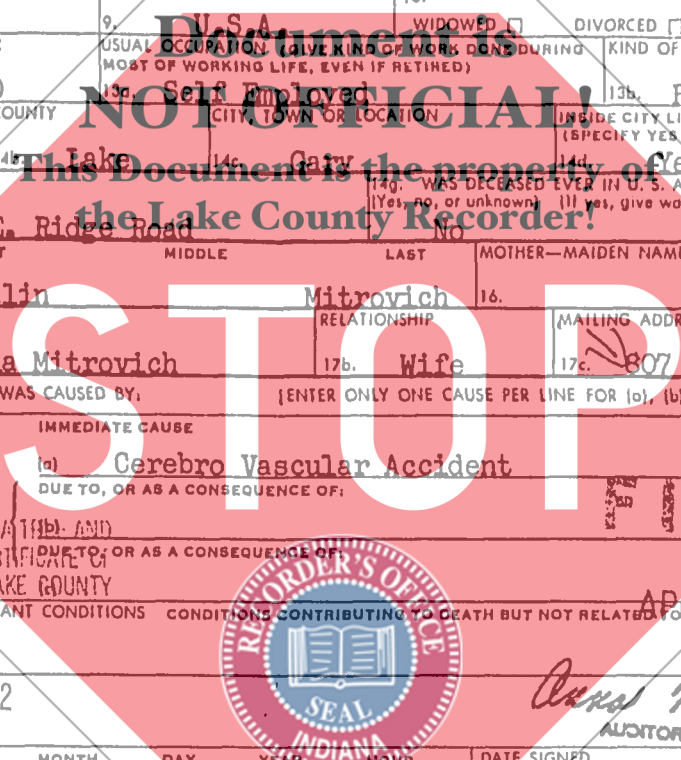
24a. Burial 24b. St. Marys Cemetery 24c. Gary, Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. Jan. 29, 1974 25a. Stilinovich, Palmer & Wiatrolik, 4213 Broadway, Gary, Indiana

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. Peter Stecy, M.D. 26b. January 29, 1974



FILED

APR 30 1992

Carol N. Anton
CLERK LAKE COUNTY

43-553-7
GREAT GARY REALTY CO'S
1st SUB
LOT 7 BL 9

PRINT WITH INK

FUNERAL HOME No. 242

FUNERAL DIRECTOR'S LICENSE No. 968

FUNERAL DIRECTOR'S SIGNATURE Robert C. Wiatrolik

600