6cc
92073726
Local No. 2655-88

John B. Laszlo
55 E. 86th Ave.
Merr. In 46410

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): JAMES L. PERKO
2. SEX: MALE
3. DATE OF DEATH (Month Day Year): December 25, 1988
4. SOCIAL SECURITY NUMBER: 339-28-9668
5a. AGE—Last Birthday (Years): 55
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Month Day Year): 11/25/1933
7. BIRTHPLACE (City and State or Foreign Country): Johnston City, Illinois
8. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Methodist Hopital Southlake Campus
9c. CITY, TOWN OR LOCATION OF DEATH: Merrillville
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Rose Navarro
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Street Superintendent
12b. KIND OF BUSINESS/INDUSTRY: Town of Merrillville
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Merrillville
13d. STREET AND NUMBER: 2964 W. 74th Lane
13e. INSIDE CITY LIMITS? (Yes or no): Yes
13f. FARM: No
13g. ZIP CODE: 46410
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes Specify
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Jacob Perko
18. MOTHER'S NAME (First, Middle, Maiden Surname): Clemetine Peano

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Rose Perko
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2964 W. 74th Lane, Merrillville, IN 4610
19c. Relationship: Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): December 28, 1988 CALUMET Park Cemetery
20c. LOCATION—City or Town, State: Merrillville, Indiana
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert Wiatrolik
21b. LICENSE NUMBER (of Licensee): FDE 1001293
22. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: FH 30077453 Stilinovich & Wiatrolik Funeral Home 7535 Taft St. Merrillville, In. 46410

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a. To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title
23b. LICENSE NUMBER:
23c. DATE SIGNED (Month Day Year):

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. TIME OF DEATH: 2:50 A M
25. DATE PRONOUNCED DEAD (Month Day Year): December 25, 1988
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): Yes

CAUSE OF DEATH (SEE INSTRUCTIONS)

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Vascular collapse
DUE TO (OR AS A CONSEQUENCE OF):
b. Arteriosclerotic heart & vascular disease
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH LAKE COUNTY HEALTH DEPT.

JAN 4 1989

Charles B. Johnson
LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER (SEE INSTRUCTIONS)

29a. CERTIFIER (Check only one)
☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated
☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
☐ MEDICAL EXAMINER ☒ CORONER ☐ HEALTH OFFICER
On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner as stated

29b. SIGNATURE AND TITLE OF CERTIFIER: Daniel D. Thomas, M.D.
29c. LICENSE NUMBER: 16120
29d. DATE SIGNED (Month Day Year): Dec. 28, 1988
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature]
32. DATE FILED (Month Day Year): Dec. 28, 88

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month Day Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED: 01299 6⁰⁰
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

15-397-21

Daniel R. Antoni AUDITOR LAKE COUNTY

FILED NOV 19 1992

ROBERT ... NOV 19 ... '92 STATE OF ... LAKE COUNTY FILED FOR RECORD

SBH06-004 State Form 10110 Rev 10/87 DEATH.PD 1

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