

PL ~~...~~ UNFADING INK. THIS IS A PERMANENT RECORD.

Below for State Office Use

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Disposition Permit Issued / /  
 Provisional Certificate  
 Yes  No

11/20/92 Jeff  
 29-52-5-5.104 & 4, all L.S., L.N.S. & L. Davidson T.A.O.O.  
 EMBALMER'S NAME, MAIL IN. EMB. OF. LICENSE No. 4074

FUNERAL HOME No. 726  
 FUNERAL DIRECTOR'S LICENSE No. 702  
 FUNERAL DIRECTOR'S SIGNATURE: *Gene Baran*

92073971

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 156

TYPE ON 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 IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME <b>John Murga, Jr.</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>Apr. 7, 1983</b>
RACE—White <b>White</b>	AGE—Last Birthday (M Y) <b>73</b>	USUAL OCCUPATION <b>Tool Clerk (Retired)</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>		HOSPITAL OR OTHER INSTITUTION—Name (If the institution give street and number) <b>St. Catherine Hospital</b>	IF HOSP. OR INST. (Indicate by box) <b>Emer. Rm.</b>
STATE OF BIRTH <b>Pennsylvania</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED—NEVER MARRIED <b>Married</b>	SURVIVING SPOUSE (Indicate by box) <b>Kathryn Pensy</b>
SOCIAL SECURITY NUMBER <b>306-01-81113A</b>		KIND OF BUSINESS OR INDUSTRY <b>Sinclair ARCO Oil Refin</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>No</b>
RESIDENCE—STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Whiting</b>	STREET AND NUMBER <b>2710</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PORTUGUESE, ETC. <b>NO</b>		IS RESIDENCE ON A FARM? <b>NO</b>	INSIDE CITY LIMITS (Indicate by box) <b>Yes</b>
FATHER—NAME <b>John Murga</b>	MOTHER—MAIDEN NAME <b>Susan Pivarnik</b>	INFORMANT—NAME (Type as printed) <b>Kathryn Murga, wife</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>Chapel Lawn Memorial Gardens</b>	LOCATION <b>Schererville, Indiana</b>
DATE (MONTH DAY YEAR) <b>April 9, 1983</b>		FUNERAL HOME—NAME AND ADDRESS <b>Baran &amp; Son, Inc., 1235-119th St., Whiting, Indiana</b>	STREET OR R.F.D. NO. (CITY OR TOWN STATE ZIP) <b>46394</b>
NAME OF ATTENDING PHYSICIAN (Name or Print) <b>William E. Carvin, D.O.</b>		DATE SIGNED (Mo. Day Year) <b>4/11/83</b>	HOUR OF DEATH <b>M</b>
MAILING ADDRESS—PHYSICIAN <b>1010-119th Street, Whiting, Indiana, 46394</b>		HEALTH OFFICER—SIGNATURE <b>E. A. Camp...</b>	
DATE RECEIVED BY LOCAL HEALTH OFFICER <b>4-13-83</b>		PART I (a) <b>Cerebral Hemorrhage (Massive)</b>	
PART I (b) <b>Arteriosclerotic Heart Disease</b>		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not listed in cause given in PART I (a) & (b)	

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