

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

93017481

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 672

FUNERAL HOME
No. 726

TYPE OR 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

LICENSE No. 4074

FUNERAL DIRECTOR'S
LICENSE No. 701

EMBALMER'S NAME: MARTIN J. BABOY

FUNERAL DIRECTOR'S
SIGNATURE: Martin J. Baboy

HAMMOND HEALTH COMMISSIONER

Date Issued: OCT 8 1986

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

Frank J. Remuda, M.D.

DECEASED - NAME 1. <u>JOHN A. GULVAS</u>		SEX <u>MALE</u>	DATE OF DEATH (MONTH DAY YEAR) <u>OCTOBER 6, 1986</u>
RACE - (See page 1 of S.S. Form # 100-1) <u>White</u>	AGE (MONTHS YEAR) <u>75</u>	DATE OF BIRTH (MONTH DAY YEAR) <u>09/04/1911</u>	COUNTY OF DEATH <u>Lake</u>
CITY TOWN OR LOCATION OF DEATH <u>Hammond</u>		HOSPITAL OR OTHER INSTITUTION <u>St. Margaret Hospital</u>	IF HOSP. OR INST. (Specify) <u>Inpatient</u>
STATE OF BIRTH (If not U.S.S. (Specify)) <u>Indiana</u>	CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	MARRIED - NEVER MARRIED WIDOWED DIVORCED <u>Married</u>	SURVIVING SPOUSE (Name and address) <u>Ann Fercik</u>
SOCIAL SECURITY NUMBER <u>306-01-9162</u>	USUAL OCCUPATION (Specify) <u>Carpenter (Retired)</u>	KIND OF BUSINESS OR INDUSTRY <u>Amoco Oil Company</u>	
RESIDENCE - STATE <u>Indiana</u>	CITY TOWN OR LOCATION <u>Lake</u>	14b <u>Hammond (Whiting P.O.)</u>	
STREET AND NUMBER <u>2012 Calumet Avenue</u>	IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	14c <u>Yes</u>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC.			
FATHER - NAME <u>John Gulvas</u>		MOTHER - MAIDEN NAME <u>Mary Fedorchak</u>	
INFORMANT - NAME (First or initials) RELATIONSHIP <u>Mrs. Ann Gulvas, Wife</u>		MAILING ADDRESS <u>2012 Calumet Avenue, Whiting, Indiana 46394</u>	
BURIAL, CREMATION, REMOVAL OTHER (Specify) <u>Burial</u>		CEMETERY OR CREMATORY <u>St. John Cemetery</u>	LOCATION <u>Hammond, Indiana</u>
DATE (MONTH DAY YEAR) <u>October 9, 1986</u>		FUNERAL HOME - NAME AND ADDRESS <u>Baran & Son, Inc., 1235-119th St., Whiting, Ind.</u>	CITY OR TOWN STATE ZIP <u>46394</u>
21a Signature: <u>B. A. Weinberg, M.D.</u>		DATE SIGNED (M. DAY YR) <u>October 6, 1986</u>	HOUR OF DEATH <u>6:30 A.M.</u>
NAME OF ATTENDING PHYSICIAN (Type or Print) <u>B. A. WEINBERG, M.D.</u>			
MAILING ADDRESS - PHYSICIAN <u>1104 - 119th St., Whiting, IN. 46394</u>			
HEALTH OFFICER - SIGNATURE <u>Frank J. Remuda, M.D.</u>		DATE RECEIVED BY LOCAL HEALTH DEPT. <u>OCT 8 - 1986</u>	
PART I: IMMEDIATE CAUSE <u>COMA DUE TO HEPATIC FAILURE</u>		Interval between onset of death <u>2 DAYS</u>	
(a) <u>COMA DUE TO HEPATIC FAILURE</u>			
(b) <u>PANOCYTOPENIA ; CIRRHOSIS OF THE LIVER</u>		Interval between onset and death <u>SEVERAL MONTHS</u>	
(c) <u>ACUTE RENAL FAILURE</u>		Interval between onset and death	
PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause of death in PART I <u>ACUTE RENAL FAILURE</u>		AUTOPSY (Specify Yes or No) <u>No</u>	

SBH 06-003 State Form 35430

REV. 10/77

3/19/93

33-148-4, Joseph Water Gardens 01027
R. S. Be. 12

FILED
MAR 19 1993
David N. Anton
AUDITOR LAKE COUNTY