Robert Barth & Gary Small Farms
Ft 112 #19-122-18

93018678

Hold Nona
FEB 24 1987

Local No. 387-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

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

Rubber Stamp Office Use

DECEASED-NAME	Ignatius W. Padol
SEX	Male
DATE OF DEATH (MONTH DAY YEAR)	February 21, 1987
RACE	White
AGE	70
UNDER 1 YEAR	
UNDER 1 DAY	
DATE OF BIRTH	Aug. 17, 1916
COUNTY OF DEATH	Lake
CITY, TOWN OR LOCATION OF DEATH	Dyer
HOSPITAL OR OTHER INSTITUTION	Meridian Health Care Facility
IF HOSP. OR INST.	Inpatient
STATE OF BIRTH	Illinois
CITIZEN OF WHAT COUNTRY	U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	Widowed
SURVIVING SPOUSE	
WAS DECEDENT EVER IN U.S. ARMED FORCES?	yes
SOCIAL SECURITY NUMBER	313-07-9224
USUAL OCCUPATION	Postal Clerk
KIND OF BUSINESS OR INDUSTRY	U. S. Postal Service
RESIDENCE-STATE	Indiana
COUNTY	LaPorte
CITY, TOWN OR LOCATION	La Porte
STREET AND NUMBER	104 West Street
IS RESIDENCE ON A FARM?	YES ☐ NO ☒
INSIDE CITY LIMITS	yes
FATHER-NAME	John Padol
MOTHER-MAIDEN NAME	Mary Holda
INFORMANT-NAME	Emilie MacIntosh (Sister)
MAILING ADDRESS	
BURIAL, CREMATION, REMOVAL	Burial
CEMETERY OR CREMATORY-FUNERAL HOME	Pine Lake Cemetery
LOCATION	La Porte Indiana 46350
DATE	February 24, 1987
FUNERAL HOME-NAME AND ADDRESS	Essling F.H. - 1117 Indiana Ave. - La Porte Indiana 46350
	Thomas A. Brubaker, M.D.
DATE SIGNED	Feb 24th, 1987
HOUR OF DEATH	11:30 A.M.
NAME OF ATTENDING PHYSICIAN	Thomas A. Brubaker, M.D.
MAILING ADDRESS-PHYSICIAN	110 Ridge Road, Munster, Indiana 46321
HEALTH OFFICER-SIGNATURE	[signature]
DATE RECEIVED BY LOCAL HEALTH OFFICER	2-27-87
PART I (a) IMMEDIATE CAUSE	Respiratory arrest
(b) DUE TO OR AS A CONSEQUENCE OF	Cerebrovascular accident
(c) DUE TO OR AS A CONSEQUENCE OF	Esophageal carcinoma
INTERVAL BETWEEN ONSET AND DEATH	minutes / hours / months
PART II OTHER SIGNIFICANT CONDITIONS	
AUTOPSY	no

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

MAR 25 1987

Alexander S. Hall
LAKE COUNTY HEALTH COMMISSIONER

B.P.I. 2/23/87

EMBALMER'S NAME: Mark E. Essling
FUNERAL DIRECTOR'S SIGNATURE: Mark E. Essling
LICENSE No. FD21001104
FUNERAL HOME No. FD23004049
FUNERAL DIRECTORS LICENSE No. FD21001104

SBH 06-003 State Form 35430
REV. 10/77

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Documents NOT OFFICIAL!
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FILED MAR 25 1987 Lake N. Antonio Lake County

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MAR 25 1987

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