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

*Atty Jerome Kappa
8210 Monroe Ave
Munster 46321*

521A

94027424

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 728-85

FUNERAL HOME No. 726
FUNERAL DIRECTOR'S LICENSE No. 702
EMBALMER'S NAME Martin Gabot
FUNERAL DIRECTOR'S SIGNATURE Paul Johnson
LICENSE No. 4074
APR 15 1985

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

HEALTH COMMISSIONER'S SIGNATURE
M.D. LAKE COUNTY HEALTH COMMISSIONER
OR
D.O.

DECEASED—NAME Julia Phillips <i>JULIA PHILLIPS</i>		SEX Female	DATE OF DEATH (MONTH DAY YEAR) April 8, 1985
RACE—(If White, Black, American Indian, or Alaska Native) White	AGE—(Use British (Yr.) 82	DATE OF BIRTH (Mo. Day Yr.) 04/01/1903	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Whiting		HOSPITAL OR OTHER INSTITUTION—(Name if not on page one street and number) 1518 Fred Street	
STATE OF BIRTH (If not in U.S.A. name country) Austria-Hungary; U.S.A.	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE (If under five months name) Steve Phillips
SOCIAL SECURITY NUMBER 306-24-8347 A	USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) Housework	KIND OF BUSINESS OR INDUSTRY Own Home	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Whiting	
STREET AND NUMBER 1518 Fred Street		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME (FIRST MIDDLE LAST) John Palagyi	MOTHER—MAIDEN NAME (FIRST MIDDLE LAST) Julia Matvi	INFORMANT—NAME (Type of person) RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) Steve Phillips, Husband, 1518 Fred Street, Whiting, Indiana 46394	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	CEMETERY OR CREMATORY—FUNERAL HOME Elmwood Cemetery	LOCATION (CITY OR TOWN STATE) Hammond, Indiana 46394	
DATE (MONTH DAY YEAR) April 12, 1985	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) Baran & Son, Inc., 1235-119th St., Whiting, Ind. 46394	DATE SIGNED (Mo. Day Yr.) HOUR OF DEATH 4/8/85 4:30 P.M.	
NAME OF ATTENDING PHYSICIAN (If not at Print) William V. Hehemann, M.D.		MAILING ADDRESS—PHYSICIAN 7905 Calumet Avenue, Munster, Indiana 46321	
HEALTH OFFICER—SIGNATURE <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 4-15-85	
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I AND II) HYPERTENSIVE PNEUMONIA		FILED 3 days	
PART I (a) DUE TO OR AS A CONSEQUENCE OF Chronic Congestive Heart Failure		PART II (b) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a)) Old cerebral vascular accident and M. Arterio	
PART I (c) DUE TO OR AS A CONSEQUENCE OF Arteriosclerosis		AUTOPSY Specify type or No No	