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

Below for State Office Use

94027633

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 719-87

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 DECEASED—NAME (First, Middle, Last): ANTHONY MARTIN

2 SEX: MALE

3 DATE OF DEATH: APRIL 9, 1987

4 RACE: WHITE

5a AGE—Last Birthday (Yrs): 59

5b UNDER 1 YEAR (Mos. / Days)

5c UNDER 1 DAY (Hours / Mins.)

6 DATE OF BIRTH: 5/18/27

7 COUNTY OF DEATH: LAKE

7a CITY, TOWN OR LOCATION OF DEATH: MUNSTER

7c HOSPITAL OR OTHER INSTITUTION: COMMUNITY HOSPITAL

8 STATE OF BIRTH: INDIANA

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED

11 SURVIVING SPOUSE: CYNTHIA FULIS

12 SOCIAL SECURITY NUMBER: 314-26-7630

13 USUAL OCCUPATION: SUPERVISOR

14a KIND OF BUSINESS OR INDUSTRY: INLAND STEEL

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

15a RESIDENCE—STATE: INDIANA

15b COUNTY: LAKE

15c CITY, TOWN OR LOCATION: MUNSTER

15d STREET AND NUMBER: 1501 JANICE LANE

15e IS RESIDENCE ON A FARM? YES ☐ NO ☒

15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16 FATHER—NAME (First, Middle, Last): STELIOS

17 MOTHER—MAIDEN NAME: ANASTASIA KONSTANTIDES

18a INFORMANT—NAME: CYNTHIA MARTIN — RELATIONSHIP

18b MAILING ADDRESS: 1501 JANICE LANE MUNSTER, INDIANA 46321

19a BURIAL, CREMATION, REMOVAL, OTHER: BURIAL

19b CEMETERY OR CREMATORY—FUNERAL HOME: MT MERCY CEMETERY

19c LOCATION: GARY INDIANA

20a DATE: APRIL 13, 1987

20b FUNERAL HOME—NAME AND ADDRESS: BURNS-KISH FUNERAL HOMES MUNSTER INDIANA 46321

21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Signature: Salman Gailani

21b DATE SIGNED: 4-13-87

21c NAME OF ATTENDING PHYSICIAN: SALMAN D. GAILANI, M.D.

21d MAILING ADDRESS—PHYSICIAN: 9116 COLUMBIA AVE. MUNSTER, IND. 46321

22a HEALTH OFFICER—SIGNATURE:

22b DATE SIGNED: 4-14-87

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I

(a) Metastatic Cancer of the Gastro-esophageal Junction

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART II OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in PART I

APR 13 1994

CAUSE WHICH GAVE RISE TO IMMEDIATE CAUSE (STATING THE UNDERLYING CAUSE LAST)

FILED

LICENSE No. 4539 — EMBALMER'S NAME: Mahaffey Estate Funeral Handlers

FUNERAL DIRECTOR'S SIGNATURE: Thos. Fulmer

FUNERAL HOME No. 496

FUNERAL DIRECTOR'S LICENSE No. 4539

I, the undersigned, hereby certify that the above is a true and correct copy of the certificate of death on file with the Lake County Health Dept.

APR 13 1994

M.D. OR D.O.

Alexander J. Kish, M.D.

LAKE COUNTY HEALTH COMMISSIONER

SBH 08-003 State Form 35430
REV.10/77

Anna N. Antos

00800

LAKE COUNTY FILED APR 13 12 03 PM '94 RECORDER

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