311 Jones Ct
Chesterton In 46304-2440

94030802

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 2037-83

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

Below for State Office Use

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

AUG 8 1983

Key #25-44-57-21 Gary Land Co's 1st Amb.

W. 46 22 22 5

5cc

FUNERAL HOME No. 242

LICENSE No. 419

FUNERAL DIRECTOR'S LICENSE No. 968

EMBALMER'S NAME James Cholston

FUNERAL DIRECTOR'S SIGNATURE Robert Wiatrolik

LAKE COUNTY HEALTH COMMISSIONER

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

DECEASED—NAME: GEORGE (DURO) MALOBOVIC

SEX: MALE

DATE OF DEATH: DECEMBER 7, 1983

RACE: White

AGE: 76

UNDER 1 YEAR / UNDER 1 DAY

DATE OF BIRTH: May 19, 1907

COUNTY OF DEATH: Lake

CITY, TOWN OR LOCATION OF DEATH: Merrillville

HOSPITAL OR OTHER INSTITUTION: Broadway Methodist Hospital

IF HOSP. OR INST. Inpatient

STATE OF BIRTH: Jugoslavia

CITIZEN OF WHAT COUNTRY: USA

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Widowed

SURVIVING SPOUSE

WAS DECEDENT EVER IN U.S. ARMED FORCES: no

SOCIAL SECURITY NUMBER: 384 34 8508

USUAL OCCUPATION: Retired

KIND OF BUSINESS OR INDUSTRY: US Steel Corp.

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

RESIDENCE—STATE: Indiana

COUNTY: Lake

CITY, TOWN OR LOCATION: Gary

FILED APR 25 1984

STREET AND NUMBER: 4016 Pennsylvania Street

IS RESIDENCE ON A FARM? YES ☐ NO ☒

INSIDE CITY LIMITS: yes

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

PARENTS

FATHER—NAME: Petro

MIDDLE: Malobovic

LAST: Stanica

AUDITOR'S NAME: Anne N. Anton

INFORMANT—NAME: Dragia

RELATIONSHIP: Malobovic Daughter

MAILING ADDRESS: 4016 Pennsylvania St. Gary, Indiana

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER: Burial

CEMETERY OR CREMATORY—FUNERAL HOME: Calumet Park Cem.

LOCATION: Merrillville, Indiana

DATE: Dec. 12, 1983

FUNERAL HOME—NAME AND ADDRESS: Stilinovich & Wiatrolik 4213 Bdwy. Gary, Ind.

M.D. OR D.O.

DATE SIGNED: 12/8/83

HOUR OF DEATH

NAME OF ATTENDING PHYSICIAN: Dr. R. Valenzuela

MAILING ADDRESS—PHYSICIAN: 5490 Broadway Merrillville, Indiana 46410

HEALTH OFFICER—SIGNATURE: Lee Frey M.D.

DATE RECEIVED BY LOCAL HEALTH OFFICER: 12-8-83

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

PART I

(a) IMMEDIATE CAUSE: Liver and Kidney failure

(b) DUE TO, OR AS A CONSEQUENCE OF: Gastro Intestinal bleeding

(c) DUE TO OR AS A CONSEQUENCE OF: Liver cyrrhosis

PART II

OTHER SIGNIFICANT CONDITIONS

AUTOPSY

SBH 06-003 State Form 35430
REV 10/77

1472

600

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