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EMBALMER'S NAME: ALEXIS THANOS
 LICENSE No. FDE 8600505

FUNERAL HOME
 No. FDH3004455
 FUNERAL DIRECTOR'S
 License No. FDE1001293
 Signature: Robert Whiatroch

Local No. 1705-87

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____
DATE OF DEATH: SEPTEMBER 3, 1987

| | | | |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| DECEASED - NAME CHRIS G. GIANNOPOULOS | | SEX MALE | DATE OF DEATH SEPTEMBER 3, 1987 |
| RACE WHITE | AGE - Last Birthday 69 | DATE OF BIRTH JAN. 5, 1918 | COUNTY OF DEATH LAKE |
| CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE | | HOSPITAL OR OTHER INSTITUTION 7602 HENDRICKS | IF HOSP OR INST. INDICATION OF TIME THE DECEASED REMAINED RESIDENCE |
| STATE OF BIRTH GREECE | CITIZEN OF WHAT COUNTRY U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED | WAS DECEDENT EVER IN U.S. ARMED FORCES? NO |
| SOCIAL SECURITY NUMBER 306-34-0335 A | USUAL OCCUPATION RETIRED STEEL WORKER | KIND OF BUSINESS OR INDUSTRY U.S. STEEL CORP. | |
| RESIDENCE - STATE INDIANA | COUNTY LAKE | CITY, TOWN OR LOCATION MERRILLVILLE | IS RESIDENCE ON A FARM? NO |
| STREET AND NUMBER 7602 HENDRICKS | | INSIDE CITY LIMITS YES | 15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 15 DECEASED OF SPANISH DESCENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES SPECIFY: _____ | | | |
| FATHER - NAME GREGORY GIANNOPOULOS | | MOTHER - MARRIAGE NAME ATHENA | |
| INFORMANT - NAME & RELATIONSHIP BETTY GIANNOPOULOS - WIFE | | STREET OR P.O. NO. CITY OF TOWN STATE ZIP 7602 HENDRICKS, MERRILLVILLE, INDIANA 46410 | |
| BURIAL, CREMATION, REMOVAL, OTHER BURIAL | | CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CALUMET PARK MERRILLVILLE, IN | |
| DATE SEPTEMBER 5, 1987 | | FUNERAL HOME - NAME AND ADDRESS STILINOVICH & WIATROLIK, 7535 TAFT, MERRILLVILLE, IN 46410 | |
| NAME OF ATTENDING PHYSICIAN DR. GARY KAY, M.D. | | DATE SIGNED 9/10/87 | HOUR OF DEATH 4:30 P.M. |
| MAILING ADDRESS - PHYSICIAN 3100 S. LAKE SHORE DRIVE, CHICAGO, ILLINOIS 60616 | | DATE RECEIVED BY LOCAL HEALTH OFFICER 9/11/87 | |
| HEALTH OFFICER - SIGNATURE <i>Charles Johnson</i> | | 22b | |
| IMMEDIATE CAUSE Hypertension | | 23 | |
| PART I Lung cancer | | 3 weeks | |
| PART II OTHER SIGNIFICANT CONDITIONS | | 2 years | |

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