

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

Below for State Office Use

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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 2 1982

EMBALMER'S NAME James Fogston LICENSE No. 419

FUNERAL HOME 242  
FUNERAL DIRECTOR'S SIGNATURE Robert Takel... HEALTH LICENSE No. 368

800  
vet

Local No. 1189-82

COMMUNITY TITLE COMPANY  
FILE NO. L 11049

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.O. OR D.O.

CONDITIONS IF ANY WHICH HAVE BECOME KNOWN TO THE DEATH CAUSE

CAUSE

|                                                                                                                                                                 |                                                                                          |                                                                                                                |                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| DECEASED—NAME<br><b>JOHN VASSEL</b>                                                                                                                             |                                                                                          | SEX<br><b>MALE</b>                                                                                             | DATE OF DEATH (month day year)<br><b>JULY 26, 1982</b>            |
| RACE<br><b>White</b>                                                                                                                                            | AGE—Last birthday<br><b>68</b>                                                           | DATE OF BIRTH (month day year)<br><b>July 5, 1922</b>                                                          | COUNTY OF DEATH<br><b>Lake</b>                                    |
| CITY, TOWN OR LOCATION OF DEATH<br><b>Merrillville</b>                                                                                                          |                                                                                          | HOSPITAL OR OTHER INSTITUTION (Name of hospital, give street and number)<br><b>Broadway Methodist Hospital</b> | IF HOSP OR INST. (month day year)<br><b>Inpatient</b>             |
| STATE OF BIRTH<br><b>Illinois</b>                                                                                                                               | COUNTRY OF BIRTH<br><b>USA</b>                                                           | MARRIAGE STATUS<br><b>Married</b>                                                                              | SURVIVING SPOUSE (Name, give maiden name)<br><b>Pauline Terok</b> |
| SOCIAL SECURITY NUMBER<br><b>304 22 8547</b>                                                                                                                    | USUAL OCCUPATION (Give kind of work done during major part of life)<br><b>Retired</b>    | KIND OF BUSINESS OR INDUSTRY<br><b>Sheet &amp; Tin Corp.</b>                                                   |                                                                   |
| RESIDENCE STATE<br><b>Indiana</b>                                                                                                                               | COUNTY<br><b>Lake</b>                                                                    | CITY, TOWN OR LOCATION<br><b>Merrillville</b>                                                                  |                                                                   |
| STREET AND NUMBER<br><b>330 W. 53rd Place</b>                                                                                                                   |                                                                                          | RESIDENCE ON A FARM?<br><b>NO</b>                                                                              | INSIDE CITY LIMITS (Specify lot or block)<br><b>NO</b>            |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.<br><b>NO</b>                                                                  |                                                                                          |                                                                                                                |                                                                   |
| FATHER NAME<br><b>Not Available</b>                                                                                                                             | MOTHER—MAIDEN NAME<br><b>Not Available</b>                                               |                                                                                                                |                                                                   |
| INFORMANT—NAME (Type of person)<br><b>Pauline Vassel</b>                                                                                                        | RELATIONSHIP<br><b>Wife</b>                                                              | MAILING ADDRESS<br><b>330 W. 53rd Place</b>                                                                    | CITY OR TOWN<br><b>Merrillville, Ind. 46410</b>                   |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><b>Burial</b>                                                                                                    | CEMETERY OR CREMATORY—FUNERAL HOME<br><b>Calumet Park Cem.</b>                           | LOCATION<br><b>Merrillville, Ind.</b>                                                                          |                                                                   |
| DATE (month day year)<br><b>July 29th, 1982</b>                                                                                                                 | FUNERAL HOME—NAME AND ADDRESS<br><b>Stilinovich, Palmer &amp; Wiatrolak 4213 Hwy. 69</b> | STREET AND NUMBER OF HOME, CITY, STATE                                                                         |                                                                   |
| To the best of my knowledge, death occurred at the birth, time, and place and due to the cause stated.                                                          |                                                                                          | DATE SIGNED (month day year)<br><b>SEP 2 1982</b>                                                              | STATE<br><b>Indiana</b>                                           |
| NAME OF ATTENDING PHYSICIAN (Type or Print)<br><b>Dr. N. Goel</b>                                                                                               |                                                                                          | SIGNATURE<br><b>SAM ORLICH</b>                                                                                 |                                                                   |
| MAILING ADDRESS—PHYSICIAN<br><b>8500 Broadway Merrillville, Indiana 46410</b>                                                                                   |                                                                                          | TITLE<br><b>AUDITOR LAKE COUNTY</b>                                                                            |                                                                   |
| HEALTH OFFICER—SIGNATURE<br><b>V. G. ...</b>                                                                                                                    |                                                                                          | DATE RECEIVED BY LOCAL HEALTH OFFICER<br><b>8-2-82</b>                                                         |                                                                   |
| CAUSE<br>PART I<br>23a IMMEDIATE CAUSE<br><b>Cardiac arrest</b>                                                                                                 |                                                                                          | INTERNAL ORGAN OR SYSTEM                                                                                       |                                                                   |
| 23b CAUSE OR AS A CONSEQUENCE OF<br><b>Cerebro-vascular accident</b>                                                                                            |                                                                                          | INTERNAL ORGAN OR SYSTEM                                                                                       |                                                                   |
| 23c CAUSE OR AS A CONSEQUENCE OF<br><b>Cardiac arrhythmia</b>                                                                                                   |                                                                                          | INTERNAL ORGAN OR SYSTEM                                                                                       |                                                                   |
| PART II<br>OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I<br><b>Prosthetic aortic valve replacement</b> |                                                                                          | INTERNAL ORGAN OR SYSTEM                                                                                       |                                                                   |

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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