LAKE COUNTY BOARD OF HEALTH

95066873

95 NOV -2 AM 9:52

187-77

Local No. 187

MEDICAL CERTIFICATE OF DEATH

State No.

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

Below for State Office Use

A
B
C
D
E
F
G
H
I
1
2
3
4
5
6
7
8

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

EMBALMER'S NAME A. S. Rendina, JR. LICENSE No. 1040

FUNERAL DIRECTOR'S SIGNATURE A. S. Rendina, Jr. LICENSE No. 2424

FUNERAL HOME No. 781

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

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

DECEASED—NAME (First, Middle, Last)	Miltiades Halkias
SEX	Male
DATE OF DEATH (Month, Day, Year)	Feb. 14, 1977
RACE	Cau
AGE—LAST BIRTHDAY (YEARS)	70
UNDER 1 YEAR MOS. DAYS	
UNDER 1 DAY HOURS MIN.	
DATE OF BIRTH (Month, Day, Year)	7-15-1906
COUNTY OF DEATH	Lake
CITY, TOWN, OR LOCATION OF DEATH	Merrillville
INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	Broadway Methodist Hospital
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Greece
CITIZEN OF WHAT COUNTRY	USA
MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	Mary Alesafis
SOCIAL SECURITY NUMBER	306 09 6213
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Retired Painter
KIND OF BUSINESS OR INDUSTRY	Pangere & Logan Co.
RESIDENCE—STATE	Indiana
COUNTY	Lake
CITY, TOWN OR LOCATION	Merrillville
INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes
TOWNSHIP	Ross
STREET AND NUMBER	2924 West 61st Place
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	No
IS RESIDENCE ON A FARM?	Yes ☐ No ☒

PARENTS

FATHER—NAME (First, Middle, Last)	Elias Halkias
MOTHER—MAIDEN NAME (First, Middle, Last)	Katherine Lyras
INFORMANT—NAME	Mrs. Mary Halkias
RELATIONSHIP	Wife
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	2924 W. 61st. Pl., Merrillville, Ind.

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

IMMEDIATE CAUSE: Metastatic Carcinoma Brain, Lungs, Bone

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST:

(a) TO (b) AS A CONSEQUENCE OF: Carcinomatosis change Neurofibromatosis

DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

AUTOPSY: Yes ☐ No ☐

IF YES WERE FINDINGS CONSIDERED IN A DETERMINING CAUSE OF DEATH: Yes ☐ No ☐

DATE & TIME OF DEATH (Month, Day, Year, Hour): Feb. 14, 1977

DATE SIGNED (Month, Day, Year): Feb. 15, 1977

M.D. OR D.O.

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: E. Pappas, MD

SIGNATURE OF PHYSICIAN: E. Pappas, MD

MAILING ADDRESS—PHYSICIAN: 6111 Harrison Street, Merrillville, Indiana

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY)	Burial
CEMETERY, CREMATORY, FUNERAL HOME	Ridgelawn Cemetery
LOCATION (CITY OR TOWN, STATE)	Gary, Indiana
DATE (MONTH, DAY, YEAR)	Feb. 17, 1977
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	Rendina Funeral Home, 5100 Cleveland St., Gary, Indiana 46408
HEALTH OFFICER—SIGNATURE	Peter Stecy, MD
DATE RECEIVED BY STATE HEALTH OFFICER	Feb. 16, 1977

SBH06-003

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

STOP

FILED NOV 1 1995 SAM ORLICH AUDITOR LAKE COUNTY INDIANA

RECORDER'S SEAL

000016

Lot 121 Bud Ave Sub. Unit No 7