

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

Below for State Office Use

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15-116-30

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

OT. DE 158  
S 177 35  
119 V 10 1000

EMBALMER'S NAME James Gholston SEP 02 1985 LICENSE No. 419

FUNERAL HOME No. 242  
FUNERAL DIRECTOR'S LICENSE No. 968  
FUNERAL DIRECTOR'S SIGNATURE Robert Wiatrolak

300

Local No. 1648-85

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Alice Johnson  
1925 W 73rd Ave  
Merr In 46410  
State  
No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

DECEASED NAME HELEN KLUKA		SEX Female		DATE OF DEATH MONTH DAY YEAR September 1, 1985	
RACE white	AGE 85	UNDER 1 YEAR MAY	UNDER 1 DAY MAY	DATE OF BIRTH April 7, 1900	CITY OF DEATH Lake
CITY TOWN OR LOCATION OF DEATH Hobart		HOSPITAL OR OTHER INSTITUTION St. Marys Med Center		IF HOSP OR INST 7e Inpatient	
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED DIVORCED	SURVIVING SPOUSE -0-		WAS DECEDENT EVER ARMED FORCES? 12
SOCIAL SECURITY NUMBER 317-24-0982		USUAL OCCUPATION Retired		KIND OF BUSINESS OR INDUSTRY Teacher	
RESIDENCE STATE Indiana	COUNTY Lake	CITY TOWN OR LOCATION Merrillville		14b Teacher	
STREET AND NUMBER 1925 W 73rd Ave		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS 1M 1996 no	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXAN CUBAN PUERTO RICAN ETC					
FATHER NAME N/A		MOTHER MAIDEN NAME Nina		17	
INFORMANT NAME Frances Johnson		RELATIONSHIP sister	MAILING ADDRESS 1925 W 73rd Ave Merrillville, Indiana		STATE Indiana
BURIAL CREMATION REMOVAL OTHER Burial		CEMETERY OR CREMATORY FUNERAL HOME Calumet Park Cemetery		LOCATION Merrillville, Indiana	
DATE September 4, 1985		FUNERAL HOME NAME AND ADDRESS Stilnovich & Wiatrolak 7535 Taft St. Merrillville, In.		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	
NAME OF ATTENDING PHYSICIAN Dr. Billena		DATE SIGNED 9-3-85	HOUR OF DEATH		15
MAILING ADDRESS 5490 Broadway		Merrillville, In.		DATE RECEIVED BY LOCAL HEALTH OFFICER 9-3-85	
HEALTH OFFICER SIGNATURE Carol Johnson		DATE RECEIVED BY LOCAL HEALTH OFFICER		27b	
PART I IMMEDIATE CAUSE Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH		27c	
PART II DUE TO OR AS A CONSEQUENCE OF Subarachnoid hemorrhage		INTERVAL BETWEEN ONSET AND DEATH		27c	
PART III DUE TO OR AS A CONTRIBUTING CAUSE Congestive Heart failure		INTERVAL BETWEEN ONSET AND DEATH		27c	
PART IV OTHER SIGNIFICANT CONDITIONS Congestive Heart failure		INTERVAL BETWEEN ONSET AND DEATH		27c	

SBH 06-003 State Form 35430  
REV 10/77

FILED  
OCT 6 1985  
LAKE COUNTY  
FILED FOR REC'D  
STATE OF INDIANA  
REC'D  
PH: 15

9-15