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TYPE OR PRINT  
PLAINLY WITH  
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THIS IS A  
PERMANENT  
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THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE MEDICAL CERTIFICATE OF DEATH ON FILE WITH THE HEALTH DEPT.

AUG 13 1999

*Alexander Hill* M.D.  
LAKE COUNTY HEALTH COMMISSIONER

EMBALMER'S NAME: *James Ch...*  
FUNERAL DIRECTOR'S SIGNATURE: *John Palmer*

FUNERAL HOME No. 212  
FUNERAL DIRECTOR'S LICENSE No. 629

Local No. 40-81  
DECLARED BY: \_\_\_\_\_  
LEGAL RESIDENCE WHERE DECLARED: \_\_\_\_\_  
DATE OF DEATH: \_\_\_\_\_  
PLACE OF DEATH: \_\_\_\_\_  
FURNITURE: \_\_\_\_\_  
REASON FOR DEATH: \_\_\_\_\_

# LAKE COUNTY BOARD OF HEALTH

## MEDICAL CERTIFICATE OF DEATH

NAME - LAST, FIRST, MIDDLE <b>Michael Thomas</b>		SEX <b>male</b>	DATE OF BIRTH <b>Jan. 9, 1981</b>
RACE <b>white</b>	AGE - LAST BIRTHDAY <b>76</b>	DATE OF DEATH <b>Oct. 15, 1981</b>	CITY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>	HOSPITAL OR OTHER INSTITUTION <b>St. Anthony Hospital</b>		IF DEATH OCCURRED IN HOSPITAL <b>Inst.</b>
STATE OF BIRTH <b>Albania</b>	COUNTRY OF BIRTH <b>USA</b>	MARRIAGE STATUS <b>married</b>	NAME OF SPOUSE <b>Harriett McCorkle</b>
SOCIAL SECURITY NUMBER <b>317-09-6423</b>	LEGAL OCCUPATION <b>retired owner of</b>	NAME OF BUSINESS OR INDUSTRY <b>Thomas Store Equip. Co</b>	
RESIDENCE - STATE <b>Ind.</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Crown Point</b>	
STREET AND NUMBER <b>3810 W. 107th Lane</b>		IS RESIDENCE ON A FARM <input type="checkbox"/>	IF RESIDENCE ON A FARM <b>yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY SPANISH ORIGIN PLEASE BEAR ETC. <input type="checkbox"/>			
FATHER - NAME <b>Steve Thomas</b>	MOTHER - MARRIED NAME <b>Victoria Mello</b>		
RELATIONSHIP <b>Harriett Thomas</b>	RESIDING ADDRESS <b>3810 W. 107th Lane Crown Point, Ind.</b>		
DISPOSITION <b>Burial</b>	COUNTRY OF DISPOSITION - FUNERAL HOME <b>Calumet Park</b>	LOCATION <b>Herr, Ind.</b>	
DATE <b>Jan. 13, 1981</b>	FUNERAL HOME - NAME AND ADDRESS <b>Stilnovich, Palmer &amp; Diatrow, 213 Bdwy, Gary Ind.</b>		
NAME OF ATTENDING PHYSICIAN <b>Dr. H. Leiboda</b>	DATE SIGNED <b>1-10-81</b>	TIME OF DEATH <b>9:16 P.M.</b>	
RESIDING ADDRESS <b>5490 Broadway, Ma...</b>	PETER BENJAMIN LAKE COUNTY AUDITOR		
HEALTH OFFICER <b>Peter J. Tracy M.D.</b>	DATE RECEIVED <b>1-12-81</b>		
IMMEDIATE CAUSE <b>Ventricular fibrillation and cardiac arrest</b>		OTHER CAUSE <b>adder</b>	
CAUSE <b>chronic coronary artery disease with myocardial infarction in last 15 years</b>			

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