



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

Below for State Office Use

THIS CERTIFIED TRUE COPY IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
NOV 13 1984 *Franklin J. Remuda*

HAMMOND HEALTH COMMISSIONER  
Date Issued

BALMER'S NAME: Anthony Solan LICENSE No. 5184

FUNERAL HOME: No. 289  
FUNERAL DIRECTOR'S LICENSE No. 2141  
SIGNATURE: *Anthony Solan*

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 782

TYPE OF PRINT OR PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
DECEASED  
SERIAL REFERENCE NUMBER DECEASED (SEE INSTRUCTIONS ON RESIDENCE BEFORE ASSIGNMENT)  
PARENTS  
DISPOSITION  
M.D.  
D.O.  
D.O.  
CAUSE

DECEASED—NAME 1. Harold A. Millies		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) Nov. 11, 1984
RACE White	AGE—Last Birthday (Mo.) 72	UNDER 1 YEAR AGE DATE	UNDER 1 DAY HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH Hammond		HOSPITAL OR OTHER INSTITUTION 7036 Madison Ave.	IF HOSP OR INST (NAME, DOA, SP-Name, Gen., Equipment, Agency) No
STATE OF BIRTH or that of U.S.A. (State or Territory) Indiana	COUNTRY OF BIRTH USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE or with, give complete name Evelyn (Thonolls)
SOCIAL SECURITY NUMBER 338-03-3109	USUAL OCCUPATION (Last held or most done during year of death) Layer-out Man	KIND OF BUSINESS OR INDUSTRY E.C.I. (Sinclair)	
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond	
STREET AND NUMBER 7036 Madison Ave.		IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15b. yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME Herman Millies	MOTHER—MAIDEN NAME Emma Graun		
INFORMANT—NAME (Type or Print) Evelyn Millies	RELATIONSHIP Wife	MAILING ADDRESS (Print or Type) 7036 Madison Ave., Hammond, Ind. 46324	CITY OR TOWN, STATE, ZIP Hammond, Ind. 46324
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FUNERAL HOME Concordia Cemetery	LOCATION Hammond, Ind.
DATE (Month, Day, Year) Nov. 14, 1984		FUNERAL HOME—NAME AND ADDRESS (Print or Type) Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind.	
To the best of my knowledge, each certified as the true, true and photo and due to the attending physician 21a. Signature: <i>William V. Hehemann</i>		DATE SIGNED (Month, Day, Year) 21b. Nov. 12, 1984	HOUR OF DEATH 21c. 6:45 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) William V. Hehemann, M.D.		MAILING ADDRESS—PHYSICIAN 7905 Calumet Ave., Munster, Indiana 46321	
HEALTH OFFICER—Signature <i>Franklin J. Remuda</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER NOV 13 1984	
23. I certify that the cause of death is as stated on this certificate and that the cause of death is as stated on this certificate and that the cause of death is as stated on this certificate.			
PART I 24. Cerebrovascular Accident			
PART II 25. Hypertensive Cardiovascular Disease			
PART III 26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not stated to cause death on PART I (Type or Print) 011		27. NO	