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FILED

PETER BENJAMIN
LAKE COUNTY AUDITOR

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

EMBALMER'S NAME Martin Sabor LICENSE No. 4074
FUNERAL DIRECTOR'S SIGNATURE Irene Baran
FUNERAL HOME No. 726
FUNERAL DIRECTOR'S LICENSE No. 702

Local No. 581

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 2000 0250

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TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

Field	Entry
DECEASED—NAME (First, Middle, Last)	Louis Miller
2. SEX	Male
3. DATE OF DEATH	Nov. 16, 1981
4. RACE	White
5a. AGE—Last Birthday (Yrs.)	71
6. DATE OF BIRTH	Jan. 25, 1910
7a. COUNTY OF DEATH	Lake
7b. CITY, TOWN OR LOCATION OF DEATH	East Chicago
7c. HOSPITAL OR OTHER INSTITUTION	St. Catherine Hospital
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient	Inpatient
8. STATE OF BIRTH	Indiana
9. CITIZEN OF WHAT COUNTRY	U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	Married
11. SURVIVING SPOUSE	Ann Ellom
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?	no
13. SOCIAL SECURITY NUMBER	309-09-3672
14a. USUAL OCCUPATION	Supervisor-Insulating Dept.
14b. KIND OF BUSINESS OR INDUSTRY	American Oil Co.,

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

Field	Entry
15a. RESIDENCE—STATE	Indiana
15b. COUNTY	Lake
15c. CITY, TOWN OR LOCATION	Whiting
15d. STREET AND NUMBER	1533 Fred Street
15e. IS RESIDENCE ON A FARM?	YES ☐ NO ☒
15f. INSIDE CITY LIMITS	yes
15g. IS DECEASED OF SPANISH DESCENT?	YES ☐ NO ☒

PARENTS

Field	Entry
16. FATHER—NAME	Michael Miller
17. MOTHER—MAIDEN NAME	Katherine Kurscak

Field	Entry
18a. INFORMANT—NAME	Ann Miller, wife
18b. MAILING ADDRESS	1533 Fred St., Whiting, Ind. 46394

DISPOSITION

Field	Entry
19a. BURIAL, CREMATION, REMOVAL, OTHER	Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME	Elmwood Cemetery
19c. LOCATION—CITY OR TOWN / STATE	Hammond, Ind.
20a. DATE	Nov. 19, 1981
20b. FUNERAL HOME AND ADDRESS	Baran & Son, Inc., 1235 119th St., Whiting, Ind. 46394

M.D. OR D.O.

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

Field	Entry
21a. (Signature)	George Asteris
21b. DATE SIGNED	Nov. 16, 1981
21c. HOUR OF DEATH	11:40 A.M.
21d. NAME OF ATTENDING PHYSICIAN	George Asteris, M.D.,
21e. MAILING ADDRESS—PHYSICIAN	2450 169th St., Hammond, Ind. 46323
22a. HEALTH OFFICER—SIGNATURE	E. A. Campagna, M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER	11-24-81

CAUSE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23. PART I
(a) IMMEDIATE CAUSE: METASTATIC CARCINOMA-KIDNEY
(b) DUE TO, OR AS A CONSEQUENCE OF:
(c) DUE TO, OR AS A CONSEQUENCE OF:

00544

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24. AUTOPSY (Specify Yes or No): No

9.00 E.P.

SBH 06-003
REV. 10/77 State Form 35430