

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use
2002 11 2 98

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH.
ON FILE WITH THE HAMMOND HEALTH DEPT.
DEC 29 1986

Date Issued

HAMMOND HEALTH COMMISSIONER

9
10
11
12

Local No. 855
DECEASED NAME COUNTY FIRST
FILED FOR RECORD JOHN
RACE - (If White, Black, American Indian, or Other) (Specify)
200 WHITE 5 AM 9:173
CITY, TOWN OR LOCATION OF DEATH
MORNING HAMMOND ILLINOIS
STATE OF DECEASED
ILLINOIS
SOCIAL SECURITY NUMBER
306-10-9344
RESIDENCE - STATE
INDIANA
RESIDENCE - COUNTY
LAKE
STREET AND NUMBER
1509-174th ST.
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.
15d YES NO XXX
FATHER - NAME
THOMAS
FIRST MIDDLE LAST
THOMAS MULVIHILL THOMAS
RELATIONSHIP
LORETTA MULVIHILL/Wife
BURIAL CEMETERY OR CREMATORY - FUNERAL HOME
ELMWOOD CEMETERY
DATE MONTH DAY YEAR
DECEMBER 24, 1986
NAME OF ATTENDING PHYSICIAN (Type or Print)
E. C. TILKA M.D.
M.D. OR D.O.
EDWARD C. TILKA
MAILING ADDRESS - PHYSICIAN
7134 CALUMET AVENUE
HAMMOND, INDIANA 46324
HEALTH OFFICER - SIGNATURE
E. C. TILKA M.D.
CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STANDING UNDERLYING CAUSE (LAST)

TYPE OR PRINT OR INK FOR INSTRUCTIONS SEE HANDBOOK
FURNER HOME 496
FURNER LICENSE No. 4518
FURNER DIRECTORS LICENSE No. 2381
FURNER DIRECTORS LICENSE No. 4518

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

RECORDERS OFFICE
PARENTS
DISPOSITION

EMBALMER'S NAME
THOMAS J. BURNS

FURNER DIRECTORS SIGNATURE
Frank J. Stroh

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED NAME COUNTY FIRST FILED FOR RECORD JOHN	MIDDLE F.	LAST MULVIHILL	SEX 2 MALE	DATE OF DEATH MONTH DAY YEAR 3 DECEMBER 21, 1986
RACE - (If White, Black, American Indian, or Other) (Specify) 200 WHITE 5 AM 9:173	AGE - (In Years) 71	DATE OF BIRTH MONTH DAY YEAR 6 11/6/1913	COUNTY OF DEATH 7a LAKE	
CITY, TOWN OR LOCATION OF DEATH MORNING HAMMOND ILLINOIS	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) 7c 1509-174th STREET	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11 LORETTA MAMBOURG	IF HOSP OR INST. Indicate DOA Of Emer. Rm. Inpatient (Specify) 7d
STATE OF DECEASED ILLINOIS	CITIZEN OF WHAT COUNTRY 9 U.S.A.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a CRANEMAN	KIND OF BUSINESS OR INDUSTRY 14b BLACK BOX CORP	WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 NO
SOCIAL SECURITY NUMBER 306-10-9344	RESIDENCE - STATE INDIANA	RESIDENCE - COUNTY LAKE	CITY, TOWN OR LOCATION 15c HAMMOND	INSURANCE POLICY NO. (Specify) 15i
STREET AND NUMBER 1509-174th ST.	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XXX	FATHER - NAME THOMAS	FIRST MIDDLE LAST THOMAS MULVIHILL THOMAS	RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
RELATIONSHIP LORETTA MULVIHILL/Wife	MOTHER - MAIDEN NAME 17 JULIA	RELATIONSHIP LORETTA MULVIHILL/Wife	CITY OR TOWN 18b HAMMOND, INDIANA	INSURANCE POLICY NO. (Specify) 15i
BURIAL CEMETERY OR CREMATORY - FUNERAL HOME ELMWOOD CEMETERY	MAILING ADDRESS 1509-174th ST.	STATE INDIANA	CITY OR TOWN 19c HAMMOND, INDIANA	INSURANCE POLICY NO. (Specify) 15i
DATE MONTH DAY YEAR DECEMBER 24, 1986	FUNERAL HOME - NAME AND ADDRESS BURNS-KISH FUNERAL HOMES, INC.	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP MUNSTER, INDIANA	DATE SIGNED MONTH DAY YEAR 21b 12/23/1986	INSURANCE POLICY NO. (Specify) 15i
NAME OF ATTENDING PHYSICIAN (Type or Print) EDWARD C. TILKA	MAILING ADDRESS - PHYSICIAN 7134 CALUMET AVENUE HAMMOND, INDIANA 46324	DATE RECEIVED BY LOCAL HEALTH OFFICER 22b DEC 29 1986	INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.	INSURANCE POLICY NO. (Specify) 15i
HEALTH OFFICER - SIGNATURE E. C. TILKA M.D.	IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) 1-2 hrs.	INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.	INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	INSURANCE POLICY NO. (Specify) 15i
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)	CAUSE (a) Myocardial infarction (b) Myocardial heart disease (c) Other significant conditions	INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.	INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	INSURANCE POLICY NO. (Specify) 15i
EMBALMER'S NAME THOMAS J. BURNS	CAUSE (a) Myocardial infarction (b) Myocardial heart disease (c) Other significant conditions	INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.	INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	INSURANCE POLICY NO. (Specify) 15i
FURNER DIRECTORS SIGNATURE Frank J. Stroh	CAUSE (a) Myocardial infarction (b) Myocardial heart disease (c) Other significant conditions	INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.	INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	INSURANCE POLICY NO. (Specify) 15i
FURNER LICENSE No. 4518	CAUSE (a) Myocardial infarction (b) Myocardial heart disease (c) Other significant conditions	INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.	INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	INSURANCE POLICY NO. (Specify) 15i
FURNER DIRECTORS LICENSE No. 2381	CAUSE (a) Myocardial infarction (b) Myocardial heart disease (c) Other significant conditions	INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.	INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	INSURANCE POLICY NO. (Specify) 15i
FURNER HOME 496	CAUSE (a) Myocardial infarction (b) Myocardial heart disease (c) Other significant conditions	INTERVAL BETWEEN ONSET AND DEATH 1-2 hrs.	INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	INSURANCE POLICY NO. (Specify) 15i

SBH 06-003 State Form 35430
REV 10/77

Patricia A Rowe
76255 Hendricks St, Merrillville, In. 46410
Cash

000386