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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Blanko, Galdimeth + Pitz
P.O. Box 510
Whiting, 46394

Disposition Permit
Issued /
Provisional Certificate
 Yes No

EMBALMER'S NAME Walter W. Johnson LICENSE 2003 JAN - 8 5843

FUNERAL DIRECTOR'S SIGNATURE James H. Fife FUNERAL DIRECTOR'S LICENSE MURRIS BLOSTER FUNERAL HOME No. 151

Local No. 369

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 1263

1. DECEASED—NAME FIRST: <u>EVELYN</u> MIDDLE: <u>D.</u> LAST: <u>VALICH</u>		SEX: <u>Female</u>	DATE OF DEATH (MONTH, DAY, YEAR): <u>August 18, 1983</u>
2. RACE: <u>White</u>	3. AGE (Last Birthday): <u>53</u> MOS. <u>53</u> DAYS <u>53</u>	4. COUNTY OF DEATH: <u>Lake</u>	5. CITY, TOWN OR LOCATION OF DEATH: <u>East Chicago</u>
6. STATE OF BIRTH: <u>Indiana</u>	7. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	8. HOSPITAL OR OTHER INSTITUTION: <u>St. Catherine Hospital</u>	9. DATE OF BIRTH (Mo., Day, Yr.): <u>3-30-1930</u>
10. SOCIAL SECURITY NUMBER: <u>314-26-9997</u>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Married</u>	12. SURVIVING SPOUSE (If wife, give maiden name): <u>Matthew Valich</u>	13. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <u>Housewife</u>
14. RESIDENCE—STATE: <u>Indiana</u>	15. COUNTY: <u>Lake</u>	16. CITY, TOWN OR LOCATION: <u>East Chicago</u>	17. KIND OF BUSINESS OR INDUSTRY: <u>None</u>
18. STREET AND NUMBER: <u>524 Penrhyn Place</u>	19. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.: <u>NO</u>	20. IS RESIDENCE ON A FARM? <u>NO</u>	21. INSIDE CITY LIMITS (Specify Yes or No): <u>Yes</u>
22. FATHER—NAME: <u>Joseph Soy</u>	23. MOTHER—MAIDEN NAME: <u>Josephine Karpinski</u>	24. FUNERAL HOME: <u>BAPE FUNERAL HOME, INC. 4201 Indpls. E. Chicago, Ind.</u>	
25. BIRTH: <u>August 20, 1983</u>	26. DATE SIGNED (Mo., Day, Yr.): <u>8/19/83</u>	27. HOUR OF DEATH: <u>12:50</u>	28. A.M. <u> </u> P.M. <u> </u>
29. NAME OF ATTENDING PHYSICIAN (Type or Print): <u>Gregorio H. Dimailig, M.D.</u>	30. MAILING ADDRESS—PHYSICIAN: <u>1802 E. Columbus Drive East Chicago, Indiana</u>	31. HEALTH OFFICER—SIGNATURE: <u>E. A. Cappapagnano</u>	32. DATE RECEIVED BY LOCAL HEALTH OFFICER: <u>8-19-83</u>
33. IMMEDIATE CAUSE (GIVE ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) <u>Heart disease</u>			
PART I (b) <u>Certain selective heart disease</u>			
PART I (c) <u>San loes' heart disease</u>			
34. INTERVAL BETWEEN ONSET AND DEATH: <u> </u> HOURS <u> </u> MINUTES			
35. INTERVAL BETWEEN ONSET AND DEATH: <u> </u> HOURS <u> </u> MINUTES			
36. INTERVAL BETWEEN ONSET AND DEATH: <u> </u> HOURS <u> </u> MINUTES			

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