

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2017-97

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

Form with fields for DECEASED NAME (HENRY FRANCIS HMUROVIC), SEX (MALE), TIME OF DEATH (7:40 A.M.), DATE OF DEATH (OCTOBER 23, 1997), SOCIAL SECURITY NUMBER, AGE (78), DATE OF BIRTH (February 28, 1919), BIRTHPLACE (Bentleyville, PA), PLACE OF DEATH (MUNSTER, LAKE), MARITAL STATUS (Married), SURVIVING SPOUSE (Mary E. Milosevich), OCCUPATION (Supervisor), BUSINESS/INDUSTRY (Automotive), RESIDENCE (Indiana, Lake, Highland, 3143 Garfield), CITIZENSHIP (USA), RACE (White), EDUCATION (College), FATHER'S NAME (Charles James Hmurovic), MOTHER'S NAME (Mary Theresa Berchin), INFORMANT (Mary Hmurovic), ADDRESS (3143 Garfield; Highland, Indiana 46322), RELATIONSHIP (Wife), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (October 27, 1997, Calumet Park Cemetery), LOCATION (Merrillville, IN), EMBALMER'S NAME (Edward Mullaney), LICENSE NO. (FDO1007176), FUNERAL HOME (Fagen-Miller Funeral Homes), SIGNATURE OF FUNERAL DIRECTOR, NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME, IMMEDIATE CAUSE (myocardial infarction), DATE (OCT 27 1997), DUE TO (CORONARY ARTERY DISEASE), CERTIFIER (CONRADO CASTOR, M.D.), MEDICAL LICENSE NO. (01027402), DATE SIGNED (OCTOBER 25, 1997), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (CONRADO CASTOR, M.D., 911 FRAN LIN PARKWAY, MUNSTER, INDIANA 46321), HEALTH OFFICER'S SIGNATURE (Alexander S. Williams, M.D.), DATE FILED (October 27, 1997), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT.

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DECEDENT

PARENTS

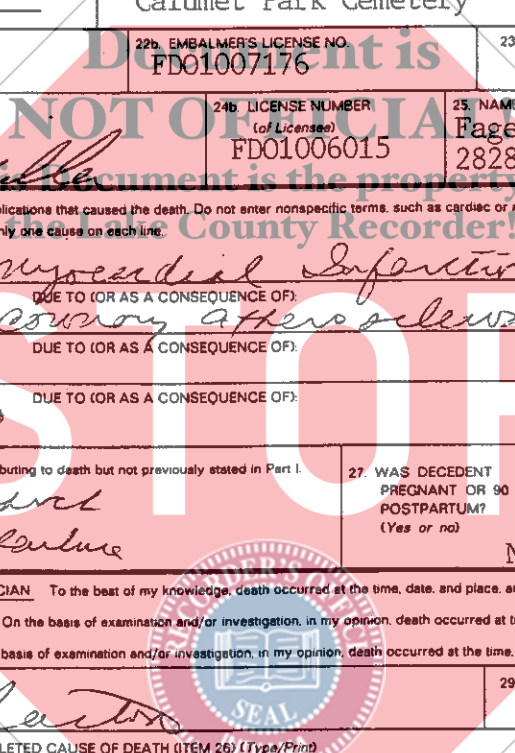
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



926-1583
TICOR HO
27-17-19(16)

2006
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MICHAEL A. BROWN
RECORDS
2006 MAR 27 AM 10:56

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Declaration


This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.





Signature of Declarant

Verified for recording by Ticor Title

Thomas G. Schiller

Printed Name of Declarant