

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

NOV 9 1973

*E. E. Frankowski, M.D.*  
 HAMMOND HEALTH COMMISSIONER

Date issued

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

Below for State Office Use

EMBALMER'S NAME Martin Gabor LICENSE No. 4074  
 FUNERAL DIRECTOR'S SIGNATURE Jane Baran LICENSE No. 702  
 FUNERAL HOME No. 72

Local No. 352

PERMANENT INK  
 SEE HANDBOOK FOR  
 INSTRUCTIONS

2010  
 040074

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

State No. 21

*Handwritten initials*

DECEASED—NAME Harmond Peter R. Pawlan FIRST MIDDLE LAST  
 RACE White AGE—LAST 20 UNDER 1 YEAR 10 UNDER 1 DAY 0 UNDER 1 HOUR 0 MIN. 0 DATE OF BIRTH (MONTH, DAY, YEAR) 9-14-1907 SEX Male DATE OF DEATH (MONTH, DAY, YEAR) 11-5-73  
 CITY, TOWN, OR LOCATION OF DEATH Hammond, Indiana INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Margaret Hospital COUNTY OF DEATH Lake

7b. STATE OF BIRTH (IF NOT IN RESIDENCE OF WHAT COUNTRY) Indiana 7d. MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) St. Margaret Hospital

8. SOCIAL SECURITY NUMBER 306-03-8460 9. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) U.S.A. Pipefitter 10. WIDOWED  DIVORCED  11. AM ZVONAR Ann Zvonar

12. RESIDENCE—STATE Indiana COUNTY Lake CITY, TOWN OR LOCATION Whiting 13b. American Oil Co. North 14c. TOWNSHIP North

14a. Indiana Lake 14b. Whiting 14d. North 14e. North 14f. North 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO 14h. IS RESIDENCE IN A FARM? NO

14f. 2232 Schrage Avenue Whiting, Ind. 15. FATHER—NAME FIRST MIDDLE LAST Thomas Mordus 16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Unknown

17a. Mrs. Ann Mordus Whiting, Ind. 17b. Wife Whiting, Ind. 17c. Whiting, Ind. 17d. Whiting, Ind.

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  
 IMMEDIATE CAUSE (d) Squamous Cell Carcinoma of Lip with Metastasis  
 (e) Unknown

CAUSE  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE  
 GIVEN IN PART I. COMMUNITY TITLE COMPANY

FILE NO 443247  
 DATE & TIME OF DEATH MONTH 11 DAY 5 YEAR 1973 HOUR 10 MIN. 0 DATE SIGNED MONTH 11 DAY 6 YEAR 73  
 SIGNATURE OF PHYSICIAN Michael Heber SIGNATURE OF DEATH DETERMINING CAUSE OF DEATH Michael Heber

M.D. Michael Heber G.R. Michael Heber D.O. Michael Heber  
 KILLING ADDRESS—PHYSICIAN 1945 Cocumet STREET OR R.F.D. NO. 1945 CITY OR TOWN Hammond STATE Indiana ZIP 46321  
 SURVIVAL PERIOD (MONTH, DAY, YEAR) Burial CEMETERY, CREMATORY, FUNERAL HOME St. John Cemetery LOCATION Hammond, Indiana CITY OR TOWN Hammond STATE Indiana ZIP 46321

DISPOSITION Burial 24b. St. John Cemetery Hammond, Indiana 25a. Baran & Son, Inc., 1235 119th St., Whiting, Ind. Whiting, Ind. 25b. Whiting, Ind. 26a. Whiting, Ind. 26b. Whiting, Ind.

113-3

GGY KATONA  
 COUNTY AUDITOR

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