

4c
Local No. 704-77

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

77-020548

State No. _____

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1.		Veronica		Chirila	female	3. June 16, 1977	
RACE		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. white		5a. 78	5b.	5c.	6. Sept. 4, 1898	7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Hobart		7c. yes		7d. Sebo Nursing Home			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		10. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Romania		9. U S A		11. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. _____		13a. Housewife		13b. Self			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Ind.		14b. Lake	14c. Hobart		14d. yes	14e. Hobart	
STREET AND NUMBER		14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
14f. 3115 W. Ridge Rd.		no					

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST
15.		Steve	Pupasa		16. not available			
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Romy Chirila		17b. son		3115 W. Ridge Rd. Hobart, Ind. 46312				

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		
(a) Cerebral Hemorrhage		12 hrs
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		
(b) generalized arteriosclerosis		
(c)		
PART II. OTHER SIGNIFICANT CONDITIONS		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
0 Bronchectases 2 Emphysema 3 ASA-Disease		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>

DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY	YEAR
20. 10:20 pm June 16 1977						June 20 1977			
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN			PHY. CODE NO.				
22a. Dr. Ornelas		22b. [Signature]							
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO			CITY OR TOWN		STATE ZIP		
23. 6111 Harrison St.		Merrillville, Ind.							

BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN		STATE	
24a. burial		24b. Oak Hill Cem.		24c. Gary, Ind.					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
24d. June 20, 1977		25a. Stilinovich, Palmer & Wiatroluk 4213 Bdwy. Gary, Ind.							
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER							
25b. [Signature]		26b. 6-20-77							

LICENSE No. 5371

Erwin B. Cook

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTOR'S LICENSE No. 829

FUNERAL DIRECTOR'S SIGNATURE

No. 242

John Palmer

John Palmer

SBH06-003