

28471

Lot 5, S 10' Lot 6, Block 15, G. Ld.
Co's. 5th Sub., Gary, Lake Co., Ind.

Herschel B. Davis, Atty.
607 Bdw.
Gary, Ind. 46402

28471

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 87-69

State No.

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

Below for State Office Use

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. RUDOLPH W. KOMINSKI 2. MALE 3. August - 4-1969

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOB. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. WHITE 5a. 67 5b. 5c. 5-29-1902 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. CROWN POINT 7c. NO 7d. LAKE COUNTY CONVALESCENT HOME, 114 County Rd. O

STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. MINNESOTA 9. USA 10. Frances Kominski

USUAL RESIDENCE WHERE DECEASED RECEIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
12. 312-28-8798-A 13a. Coach 13b.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a. INDIANA 14b. LAKE 14c. GARY 14d. YES 14e. CALUMET

STREET AND NUMBER 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 15. RESIDENCE ON A FARM? (Yes, no, or unknown) (If yes, give war or dates of service)
14f. 357 Taft St. 15. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. Michael Kominski 16. Blanche Sikoraki

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Mrs. Frances Kominski 17b. Wife 17c. 357 Taft St. Gary, Indiana

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) Cardio-vascular disease
DUE TO, OR AS A CONSEQUENCE OF:
(b) Atherosclerosis
DUE TO, OR AS A CONSEQUENCE OF:
(c)
AUG 20 11 12 AM '69

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS (GIVEN IN PART I (A)) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED DAY YEAR
20. 8 4 1969 6:56AM 21a. AUG 4 1969

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)
22a. A. A. AGANA, MD. 22b. *A.A. Agana* M.D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23. 5000 W. Ridge Rd. Gary Indiana

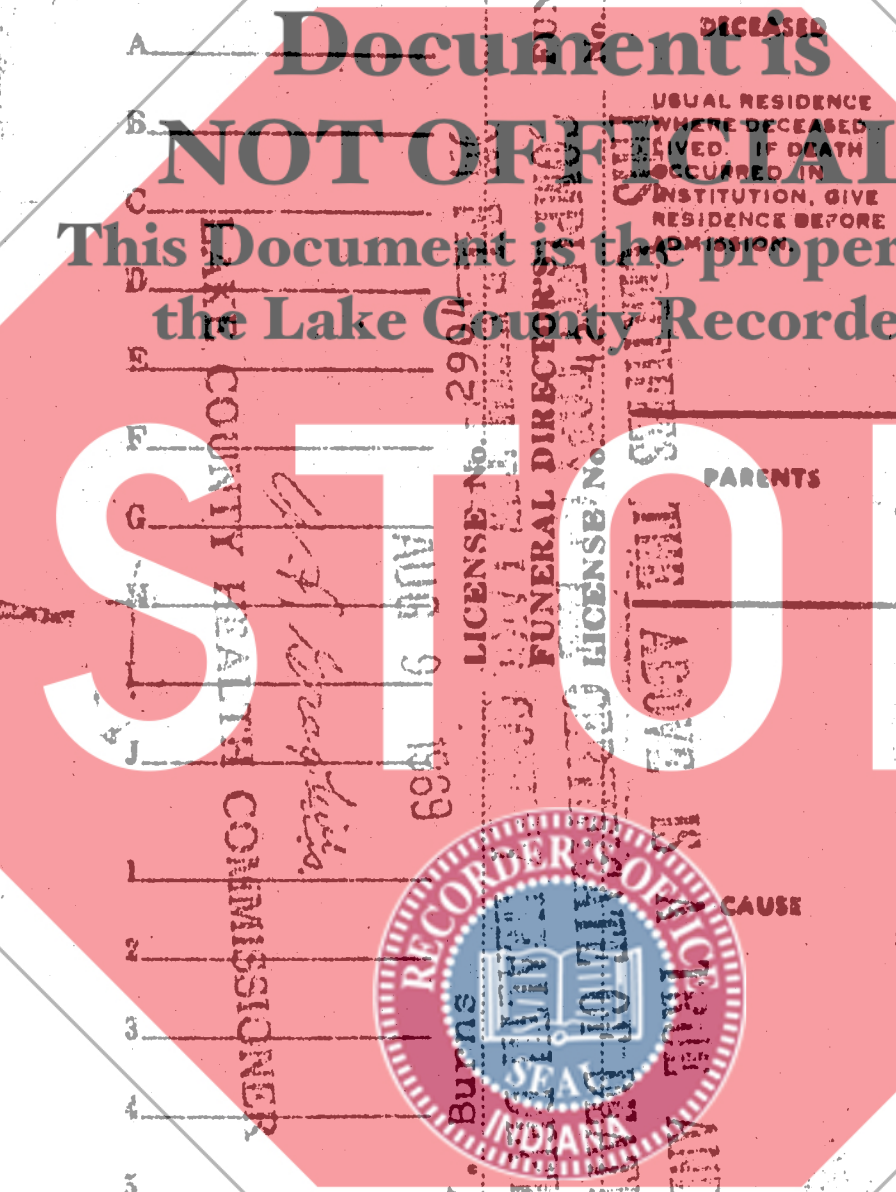
FUNERAL, CREMATION, REMOVAL (Specify) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE
24a. Burial Calumet Park Cemetery 24c. Merrillville, Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. 8-6-69 25a. Burns Memorial Chapel 675 Adams St. Gary, Indiana

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
25b. *H. B. Davis* 26b. AUGUST 9, 1969

EMBALMER'S NAME F.d.w. FUNERAL DIRECTOR'S SIGNATURE

Disposition Permit Issued
Provision Certificate
 Yes No



FUNERAL HOME No. 238
FUNERAL DIRECTOR'S SIGNATURE