

607912

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

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

JUN 23 1975

Date issued

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME

FUNERAL DIRECTOR'S  
SIGNATURE

FUNERAL DIRECTOR'S  
LICENSE No. 4457

FUNERAL HOME

FUNERAL HOME  
No. 286

607912

Local No. 544

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

950

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. PAULINE KUBECK 2. FEMALE 3. 6-22-75

RACE AGE—LAST BIRTHDAY (YEAR) UNDER 1 YEAR UNDER 1 DAY UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 40 5b. 5c. August 11, 1934 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. Hammond 7c. Yes 7d. ST MARGARET Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Illinois 9. U.S.A. 10. [ ]

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

11. Raymond Kubeck 12. Home

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

13a. Indiana 13b. LAKE 13c. Hammond 13d. Yes 13e. North

STREET AND NUMBER 14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) 15. RESIDENCE ON A FARM? (If yes, give acreage)

14f. 6742 IDAHO AVE 14g. No 14h. NA 14i. No

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Bernard Madjeski 16. Sophie A. Nizicki

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Raymond Kubeck 17b. Husband 17c. 6742 IDAHO AVE, Hammond

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) Acute Heart Failure (b) ADVANCED CHRONIC RENAL FAILURE (c) DYSRHYTHMIA OF BREAST

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 YES  NO  IF THIS WAS DETERMINED BY ANOTHER HEALTH CARE PROVIDER, GIVE NAME AND ADDRESS

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. June 22 15 1:21 AM 21. R.A. Lundeberg 22. 23

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

23a. R.A. Lundeberg M.D. 23b. [Signature]

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23c. 1212 Broad, Griffith, Indiana 46319

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Calumet Park 24c. Merrillville Ind

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. June 25, 1975 24e. Vigil Funeral Home 24f. 7051 Kennedy Hammond Ind

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25a. [Signature] 25b. JUN 23 1975

113.3

My amputated leg was... 5-5-19 let 20 & 21 6-28 250