

620505

For copy

TYPE OR PRINT MAINLY WITH NON-FADING INK THIS IS A PERMANENT RECORD

620505

Unit 11 Key No 10 2-1 712.M.E. SE NE 538 T.34 R.17 AND 120 A. N2 NE LER SE NE SEC 28 T.34 R.17 108 AC.

THIS DOCUMENT NOT VALID UNLESS STAMPED

FILED

EMBALMERS NAME: Millard T. Clark
 FUNERAL DIRECTOR'S SIGNATURE: Millard T. Clark

DECEASED'S LICENSE No. 623
 FUNERAL DIRECTOR'S LICENSE No. MAR 6 - 1981

Disposition Permit Issued / /
 Provisional Certificate
 Yes No

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

107 St. Main St
 Hebron, Ind.
 State No.

Local No. _____

PERMANENT INK SEE HATHROCK FOR INSTRUCTIONS

DECEASED—NAME: **Charles Kasarski**

SEX: **male** DATE OF BIRTH (MONTH, DAY, YEAR): **May 11, 1975**

RACE: **white** AGE—LAST BIRTHDAY (YEARS): **86** UNDER 1 YEAR: **NO.** UNDER 1 DAY: **HOURS MIN.** DATE OF BIRTH (MONTH, DAY, YEAR): **May 11, 1975** SEX: **male**

CITY, TOWN, OR LOCATION OF DEATH: **Valparaiso** INSIDE CITY LIMITS (SPECIFY YES OR NO): **Yes** HOSPITAL OR OTHER INSTITUTION (GIVE NAME): **Porter Memorial Hospital**

DECEASED STATE OF BIRTH (IF NOT IN U.S.A.): **Illinois** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED: UNMARRIED: DIVORCED: WIDOWED: SPOUSE'S NAME: **Paulina Rinkus**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION: **12310-44-3003** SOCIAL SECURITY NUMBER: **12310-44-3003** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): **Farmer** KIND OF BUSINESS OR INDUSTRY: **Retired**

RESIDENCE—STATE: **Indiana** COUNTY: **Lake** CITY, TOWN OR LOCATION: **Hebron** INSIDE CITY LIMITS (SPECIFY YES OR NO): **Yes** ZIP CODE: **46341**

STREET AND NUMBER: **County Line Road** 14g. WAS DECEASED IN INSTITUTION? (Yes, no, or unknown): **no** 15. RESIDENT OF A FARM? (Yes, no, or unknown): **no**

FATHER—NAME: **Stanislav Kasarski** MOTHER—NAME: **Madolena Mauronis**

INFORMANT—NAME: **Paulina Kasarski** RELATIONSHIP: **wife** MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP): **R. R. 2, Hebron, Indiana 46341**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) IMMEDIATE CAUSE: **STROKE**
 CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST: **ARTERIO SCLEROSIS**

(b) DUE TO, OR AS A CONSEQUENCE OF: _____
 (c) DUE TO, OR AS A CONSEQUENCE OF: _____

PART II. OTHER SIGNIFICANT CONDITIONS: _____
 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE: _____

DATE & TIME OF DEATH: MONTH **May**, DAY **11**, YEAR **1975** HOUR **1:10** A.M. DATE SIGNED: MONTH **May**, DAY **13**, YEAR **1975**

PHYSICIAN'S NAME (TYPE OR PRINT): **Chen T. Sun, M.D.** SIGNATURE OF PHYSICIAN: *Chen T. Sun*

MAILING ADDRESS—PHYSICIAN: **Hebron Clinic** STREET OR P.O. NO. **Hebron, Indiana 46341** CITY OR TOWN: **Hebron, Indiana 46341** STATE: **IND.**

DISPOSITION BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY, CREMATORY, FUNERAL HOME: **St. Casimir Cemetery** LOCATION: **Chicago, Illinois**

DATE (MONTH, DAY, YEAR): **May 15, 1975** FUNERAL HOME—NAME AND ADDRESS: **Clark Funeral Chapel, 235 W. Washington, Hebron, Ind. 46341**

HEALTH OFFICER—SIGNATURE: *Ed. J. Dragich* DATE OF SIGNATURE: **5-16-75**

113-3 PD-10 100M

1ST

620505

PORTER COUNTY HEALTH DEPT.
Valparaiso, Indiana
THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.
E. J. DeLozard
HEALTH OFFICER