

625093

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

625093

Office Use

APR 16 1981
APR 7 1980
COMPLETE COPY OF THIS CERTIFICATE TO BE FILED WITH THE LAKE COUNTY HEALTH DEPT.

Disposition Permit Issued
Provisional Certificate
 Yes No

Unit 23 Reg #9-218-122

FUNERAL HOME: FUNERAL HOME 325
FUNERAL DIRECTOR: FUNERAL DIRECTOR 325
FUNERAL HOME: FUNERAL HOME 325
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FUNERAL DIRECTOR: FUNERAL DIRECTOR 325

EMERALD STATE HEALTH DEPARTMENT
LAKE COUNTY
FUNERAL DIRECTOR: *Robert P. Geiser*
FUNERAL HOME: *Robert P. Geiser*

Local No. 483-80

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Hold for Steven Med. 3037

1. DECEASED—NAME John G Kasarda		SEX Male		DATE OF DEATH MONTH DAY YEAR April 6, 1980	
2. RACE—(If of Spanish Descent, include last name) White		AGE—Last Birthday 80		COUNTY OF DEATH Lake	
3. CITY, TOWN OR LOCATION OF DEATH Crown Point		HOSPITAL OR OTHER INSTITUTION—(Name of institution and street and number) Lake County Convalescent Home		4. MODE OF DEATH Inpatient	
5. STATE OF BIRTH Pennsylvania		6. CITIZEN OF WHAT COUNTRY USA		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married	
8. SOCIAL SECURITY NUMBER 317-09-2663		9. USUAL OCCUPATION Scaleman		10. SURVIVING SPOUSE Ruth Rosenthal	
11. RESIDENCE—STATE Indiana		12. COUNTY Lake		13. CITY, TOWN OR LOCATION Crown Point	
14. STREET AND NUMBER 805 N. Court Street		15. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
17. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
18. FATHER—NAME John Kasarda		19. MOTHER—Maiden Name Mary			
20. INFORMANT—NAME Ruth Kasarda		21. MAILING ADDRESS 805 N. Court, Crown Point, Indiana 46307			
22. MANNER OF DEATH Burial		23. CEMETERY OR CREMATORY—FURNAL HOME Calumet Park Cemetery		24. LOCATION Merrillville, IN	
25. DATE April 9, 1980		26. FUNERAL HOME Geisen Funeral Home, -INC 109 N. East, Crown Point, IN			
27. NAME OF ATTENDING PHYSICIAN J. E. Espino, M.D.		28. DATE SHOWN 4-7-80		29. HOUR OF DEATH 9:47 AM	
30. MAILING ADDRESS—PHYSICIAN 2900 West 90rd Avenue, Crown Point, Indiana 46307		31. HEALTH OFFICER—SIGNATURE <i>Robert P. Geiser M.D.</i>		32. DATE RECEIVED BY LOCAL HEALTH OFFICER 4-7-80	
33. CAUSE PART I Arteriosclerosis, Heart Disease		34. Yrs		35. Mths	
PART II Renovascular Urinary Tract Infection		36. Yrs		37. Mths	
PART III Chronic Obstructive Lung Disease		38. Yrs		39. Mths	
PART IV Patient expired 6 days after hospitalization for urinary tract infection; complications: pulmonary embolism, hyperkalemia		40. No			

SSN 08-003
REV. 10/77