

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

Below for State Office Use

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Disposition Permit
Issued / /

Provisional
Certificate
 Yes No

6 C.C. 635994
FUNERAL HOME No. 244
LICENSE No. 1392
FUNERAL DIRECTOR'S No. 123
EMBALMER'S NAME... TERRENCE P. BURNS
FUNERAL DIRECTOR'S SIGNATURE... Terrence P. Burns

Local No. 1047-80
TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION; GIVE RESIDENCE BEFORE ADMISSION

PARENTS
DISPOSITION
M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 936

1. DECEASED—NAME FIRST MIDDLE LAST WILLIAM A. KABURECK			2. SEX MALE		3. DATE OF DEATH (MONTH, DAY, YEAR) JULY 8, 1980						
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify) WHITE		5. AGE—Last Birthday (Yrs) 5a. 75		6. DATE OF BIRTH (Mo, Day, Yr.) 9/08/1904		7. COUNTY OF DEATH LAKE					
7b. CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE			7c. HOSPITAL OR OTHER INSTITUTION—Name (If not as enter, give street and number) BROADWAY METHODIST HOSPITAL			7d. IF HOSP OR INST Indicate DOA, Op/Emat Rm., Inpatient (Specify) INPATIENT					
8. ILLINOIS		9. U.S.A.		10. MARRIED		11. MARY E. BROWN					
13. SOCIAL SECURITY NUMBER 312-10-7345			14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATING MANAGER		14b. KIND OF BUSINESS OR INDUSTRY CITY SERVICE OIL CO.						
15a. RESIDENCE—STATE INDIANA		15b. COUNTY LAKE		15c. CITY, TOWN OR LOCATION MERRILLVILLE		15d. STREET AND NUMBER 5391 DEXTER DRIVE					
15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
16. FATHER—NAME FIRST MIDDLE LAST ANDREW KABURECK			16. MOTHER—MAIDEN NAME FIRST MIDDLE JOSEPHINE HUYER								
18a. INFORMANT—NAME (Type or Print) MARY E. KABURECK			18b. MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 5391 DEXTER DRIVE, MERRILLVILLE, INDIANA 46410								
19a. BURIAL		19b. CALUMET PARK CEMETERY		19c. MERRILLVILLE, INDIANA		20a. DATE (MONTH, DAY, YEAR) JULY 11, 1980					
20b. BURNS MEMORIAL CHAPEL, 4286 BROADWAY, GARY, INDIANA 46408			21a. (Signature) <i>Henry S. Lebioda, M.D.</i>		21b. DATE SIGNED (Mo, Day, Yr.) July 11, 1980		21c. HOUR OF DEATH JUL 13 9 24 AM '80				
21d. HENRY S. LEBIODA, M.D.			21e. 5490 BROADWAY, MERRILLVILLE, INDIANA 46410		22a. HEALTH OFFICER—SIGNATURE <i>Terrence P. Burns</i>			22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 7-14-80			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <i>Uremia, due to renal vascular disease</i>			23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (b) <i>Congestive heart failure - left ventricular failure</i>			23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (c)		23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (d)			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART II			23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART II			23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART II			23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART II		

FILED

RECORDED
JUL 13 9 24 AM '80
WILLIAM BELLS
STATE OF INDIANA
CLERK OF COUNTY
FOR RECORD

Georgia H. Beggs, Sec. Burial & Cremation
2756