

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK.

THIS IS  
PERMANENT  
RECORD

Below for State Office Use

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Unit 18 Hwy 28-249-19 2-19

EMBALMER'S NAME: Frank J. Kish

FUNERAL DIRECTOR'S SIGNATURE: [Signature]

AUDITOR LAKE COUNTY

FUNERAL HOME

FUNERAL DIRECTOR'S LICENSE No. 4539

FUNERAL DIRECTOR'S SIGNATURE: [Signature]

64483

Local No. 1160-81

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. \_\_\_\_\_

036

DECEASED—NAME FIRST: FRANK MIDDLE: KRASK LAST: KRASK			SEX: 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR): 3 AUG. 2, 1981	
RACE—(e.g. White, Black, American Indian, etc.) (Specify): 4 White	AGE—Last Birthday (Yrs): 5a 70	UNDER 1 YEAR: 5b. MONTHS: _____ DAYS: _____	UNDER 1 DAY: 5c. HOURS: _____ MINS: _____	DATE OF BIRTH (Mo., Day, Yr.): 6 DEC. 12, 1910	COUNTY OF DEATH: 7a LAKE
CITY, TOWN OR LOCATION OF DEATH: 7b MUNSTER		HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number): 7c COMMUNITY HOSPITAL		IF HOSP OR INST. Indicate DOA, OP, Emer. Rm., Institution (Specify): 7d EMERGENCY ROOM	
STATE OF BIRTH (If not in U.S.A. name country): 8 Illinois	CITIZEN OF WHAT COUNTRY: 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 10 Married	SURVIVING SPOUSE (If wife, give maiden name): 11 Gertrude Novak		
SOCIAL SECURITY NUMBER: 13 353-16-0368		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a Meat Cutter		KIND OF BUSINESS OR INDUSTRY: 14b Store	
RESIDENCE—STATE: 15a INDIANA	COUNTY: 15b LAKE	CITY, TOWN OR LOCATION: 15c MUNSTER		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER: 15d 8831 MANOR AVE.		INSIDE CITY LIMITS? (Specify YES OR NO): 15f YES			
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST: Anton MIDDLE: Krask LAST: Krask			MOTHER—MAIDEN NAME FIRST: Bertha MIDDLE: Gennat LAST: Gennat		
INFORMANT—NAME (Type or Print): 18a Gertrude Krask		RELATIONSHIP: 18b	MAILING ADDRESS—STREET OR R.F.D. NO. CITY OR TOWN STATE: 8831 Manor Drive Munster Indiana 46321		
BURIAL, CREMATION, REMOVAL, OTHER (Specify): 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME: 19b Elmwood		LOCATION—CITY OR TOWN STATE: Hammond, Indiana	
DATE (MONTH, DAY, YEAR): 20a August 5, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 20b BURNS WISH FUNERAL HOME Munster, Ind 46321			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: 21a. (Signature) [Signature]			DATE SIGNED (Mo., Day, Yr.): 21b	HOUR OF DEATH: 7:05 P.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print): 21d JOHN U. LANMAN, M.D.			MAILING ADDRESS—PHYSICIAN: 21e 726 SEBERG ST., MUNSTER, IND. 46321		
HEALTH OFFICER—SIGNATURE: 22a [Signature]			DATE RECEIVED BY LOCAL HEALTH OFFICER: 22b 8-7-81		
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) acute myocardial infarction					Interval between onset and death
(b) DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
(c) DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions existing at time of death but not related to cause given in PART I (a)					AUTOPSY (Specify Yes or No): 24

250