

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

Below for State Office Use

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

Disposition Permit  
Issued  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME James J. Slacanin

FUNERAL DIRECTOR'S SIGNATURE *Conducta A. Lopez*

FUNERAL DIRECTOR'S LICENSE No. 94

LICENSE No. 1085

FUNERAL DIRECTOR'S LICENSE No. 94

FUNERAL HOME No. 750

Local No. *736-78*

Local No. *736-78*

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  
STATE THE  
UNDERLYING  
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

*James James  
200 Monksville Drive  
Waynesburg  
No.*

DECEASED—NAME 1 <b>Julius Bacso</b>		SEX 2 <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3 <b>June 15, 1978</b>
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 <b>White</b>	AGE—Last Birthday (Yrs) 5a <b>75</b>	DATE OF BIRTH (Mo., Day, Yr.) 6 <b>11-8-1902</b>	COUNTY OF DEATH 7a <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH 7b <b>Crown Point</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not in either, give street and number) 7c <b>St. Anthony Nursing Home</b>	IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify) 7d <b>Inpatient</b>
STATE OF BIRTH (If not in U.S.A. name country) 8 <b>Pennsylvania</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 <b>Married</b>	SURVIVING SPOUSE (If wife, give maiden name) 11 <b>Rose Kocsis</b>
SOCIAL SECURITY NUMBER 13 <b>322-05-1069</b>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a	KIND OF BUSINESS OR INDUSTRY 14b
RESIDENCE—STATE 15a <b>Indiana</b>	COUNTY 15b <b>Lake</b>	CITY, TOWN OR LOCATION 15c <b>Griffith</b>	IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d <b>1700 Norwood</b>		INSIDE CITY LIMITS? SPECIFY YES OR NO 15f. <b>Yes</b>	
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 16 <b>Andrew Bacso</b>		MOTHER—MAIDEN NAME 17 <b>Unavailable</b>	
INFORMANT—NAME (Type or Print) 18a <b>Rose Bacso</b>		MAILING ADDRESS 18b <b>1700 Norwood Griffith, Indiana 46319</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b <b>Calumet Park</b>	
DATE (MONTH, DAY, YEAR) 20a <b>June 19, 1978</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b <b>Kuiper Funeral Home 9039 Kleinman Rd. Highland, Ind. 46329</b>	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) <i>Daniel J. Motyka</i>		DATE SIGNED (Mo., Day, Yr.) 21b. <b>6/16/78</b>	HOUR OF DEATH 21c. <b>3:25</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. <b>Daniel J. Motyka, D.O.</b>			
MAILING ADDRESS—PHYSICIAN 21e. <b>1577 N. Cling Ave. Griffith, Ind. 46319</b>			
HEALTH OFFICER—NAME 22a. <i>Peey Freely M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>6-16-78</b>	
23. IMMEDIATE CAUSE— <b>Respiratory arrest</b>		Interval between onset and death <b>minutes</b>	
DUE TO, OR AS A CONSEQUENCE OF: <b>Metastatic Carcinoma</b>		Interval between onset and death <b>months</b>	
DUE TO, OR AS A CONSEQUENCE OF: <b>Carcinoma of Larynx</b>		Interval between onset and death <b>3 years</b>	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <b>Cerebrovascular accident</b>		AUTOPSY (Specify Yes or No) 24. <b>NO</b>	

**FILED**  
AUG 26 1981  
Auditor Lake County

595

STATE OF INDIANA  
LAKE COUNTY  
FILED  
AUG 27 1978  
H. L. SNIDER JR  
CLERK  
S 34091 E 6.0 of W 3. of W 8. SE 24 Sec 23-36-9  
W 23415200