

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

Local No. **826 653938**

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. **158**  
DATE OF DEATH (MONTH, DAY, YEAR) **10-29-76**

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **Alvina** **Beloshapka** **FEMALE** 3. **10-29-76**

RACE **White** AGE—LAST BIRTHDAY (YEARS) **66** UNDER 1 YEAR MOS. DAYS **—** UNDER 1 DAY HOURS MIN. **—** DATE OF BIRTH (MONTH, DAY, YEAR) **MAR. 1, 1910** COUNTY OF DEATH **LAKE**

4. **Hammond** 5b. **—** 5c. **—** 6. **—** 7a. **LAKE**

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. **Hammond** 7c. **YES** 7d. **ST. MARGARETS HOSP.**

STATE OF BIRTH (IF NOT IN U.S.A.) **KANSAS** 9. **USA** 10. **X** 11. **JACK BELOSHAPKA**

8. **—** 10. **—** 11. **JACK BELOSHAPKA**

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

12. **303-36-3358** 13. **OWN BEAUTY SHOP**

RESIDENCE—STATE **INDIANA** 14a. **LAKE** 14b. **EAST CHICAGO** 14c. **YES** 14d. **NORTH**

14f. **5008 TOD AVE.** 14g. **NO** 14h. **NO**

PARENTS

15. **JACOB** **TWARDY** 16. **THERESA** **?**

INFORMANT—NAME **JACK BELOSHAPKA** RELATIONSHIP **HUSBAND** MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **5008 TOD AVE. EAST CHICAGO, IND.**

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

18. IMMEDIATE CAUSE

(a) **Massive Hemorrhage Esophageal Varices** 6 Days

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b) **End Stage Laennec's Cirrhosis** 15 Days

(c) **—**

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

19a. **NO** 19b. **NO**

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. **10 19 1976 3:00 AM** 21a. **10 29 1976**

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. **G.G. Kelly, M.D.** 22b. **George G. Kelly**

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. **7905 Calumet Avenue, Munster, Indiana 46321**

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. **BURIAL** 24b. **HOLY CROSS** 24c. **CALUMET CITY, ILL.**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. **Nov. 2, '76** 25. **FLORIAN A. DZIADOWICZ 1020 W. 150th St. East Chicago, Ind.**

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. **—** 26a. **—** 26b. **11-3-76**

THIS IS THE CERTIFICATE OF DEATH  
 ON FILE IN THE COUNTY HEALTH DEPT.  
 HAMMOND HEALTH COMMISSIONER  
 FUNERAL DIRECTOR'S SIGNATURE  
 LICENSE No. 1578  
 EMBALMER'S NAME  
 LICENSE No. 153-42  
 #30-153-42  
 5-32 11-376 R9  
 2-43 AL5  
 FLORIAN A. DZIADOWICZ  
 FLORIAN A. Dziadowicz  
 SUB FILE  
 11-3-76  
 1-43 AL5  
 #30-153-42  
 FLORIAN A. DZIADOWICZ  
 FLORIAN A. Dziadowicz  
 LICENSE No. 1578  
 EMBALMER'S NAME  
 LICENSE No. 153-42  
 #30-153-42

Disposition Permit Issued / /

Provisional Certificate

Yes  No