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TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS
PERMANENT
RECORD

JAN 8 1982

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INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 2021

Local No. 1433-81

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

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE

STATING THE UNDERLYING CAUSE LAST

CAUSE

LAKE COUNTY

DECEASED—NAME FIRST MARY MIDDLE LAST DUMICH		SEX FE	DATE OF DEATH (MONTH, DAY, YEAR) 9/22/81
RACE—(Indicate White, Black American, Indian, etc.) WHITE	AGE—Last Birthday (Year) 5a 85	UNDER 1 YEAR 5b MOS DAYS HOURS MINES	DATE OF BIRTH (Mo. Day Yr.) 6 5/6/96
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) 7c 5610 Harrison	
STATE OF BIRTH (If not in U.S.A. name country) 8 Poland	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Daniel Dumich
SOCIAL SECURITY NUMBER 13 708-01-4144		USUAL OCCUPATION (If not at work during most of working life, name of retired) 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b At Home
RESIDENCE—STATE 15a Ind.	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville	
STREET AND NUMBER 15d 5610 Harrison		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 John MIDDLE LAST Krupa		MOTHER—MAIDEN NAME FIRST Not available MIDDLE LAST	
INFORMANT—NAME (Type or print) 18a Harry J. Dumich	RELATIONSHIP Son	MAILING ADDRESS 18b 73721 Manor Dr. Highland, Ind.	CITY OR TOWN STATE Highland, Ind.
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b Calumet Park Cemetery	LOCATION 19c Merrillville, Ind.	CITY OR TOWN STATE Merrillville, Ind.
DATE (MONTH, DAY, YEAR) 20a September 24, 1981	FUNERAL HOME—NAME AND ADDRESS 20b Burns Memorial Chapel, 4286 Broadway, Gary, Ind.		CITY OR TOWN STATE Gary, Ind.
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>James R. Burns</i>		DATE SIGNED (Mo. Day Yr.) 21b	HOUR OF DEATH 21c 1:28 PM '82
NAME OF ATTENDING PHYSICIAN (If none) 21d Dr. M. U. Pargaonker			
MAILING ADDRESS—PHYSICIAN 21e 6111 Harrison, Merrillville, In. 46410			
HEALTH OFFICER—SIGNATURE 22a <i>James R. Burns M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 9-28-81	
IMMEDIATE CAUSE 23 Cardiac failure		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF 24a Heart disease		Interval between onset and death	
DUE TO OR AS A CONSEQUENCE OF 24b		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24c		AUTOPSY (Specify Yes or No) 24d	

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THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

EMBALMER'S NAME JAMES R. BURNS SEP 28 1981

FUNERAL DIRECTOR'S SIGNATURE *James R. Burns* LICENSE No. 1374

LAKE COUNTY HEALTH COMMISSIONER

FUNERAL DIRECTOR'S SIGNATURE *James R. Burns* LICENSE No. 1374

FILED
JAN 8 1982
LAKE COUNTY

STATE OF INDIANA
FILED FOR RECORD
WILLIAM BELSKI JR
1 28 PM '82

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