

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS
PERMANENT
RECORD

FILED

Below for State Use

JAN 8 1982

LICENSE No. 144

SEP 12 1980

EMBALMER'S NAME Larry D. Anthony

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S SIGNATURE

Funeral Home Signature

LICENSE No. 1243

Lake County Health Commission Signature

Local No. 1393-80

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

31-93-24

(175 + 76 ft)

12 10 10

130 AC

5721 Manor

State Highland

46320

| | | | |
|---|-----------------------------------|--|---|
| DECEASED—NAME FIRST MIDDLE LAST BERNADINE DUMICH Female | | DATE OF DEATH (MONTH DAY YEAR) September 14, 1980 | |
| RACE (e.g. White, Black, American Indian, etc.) (Specify) White | AGE—Last Birthday (Yrs.) 59 | UNDER 1 YEAR MOS. DAYS HOURS | COUNTY OF DEATH Lake |
| CITY, TOWN OR LOCATION OF DEATH Munster | | HOSPITAL OR OTHER INSTITUTION Community Hospital | IF HOSP. OR INST. IN CARE DOA 7d. Inpatient |
| STATE OF BIRTH (if not in U.S.A. name country) Indiana | CITIZEN OF WHAT COUNTRY U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10. Married | WAS DECEDENT EVER IN U.S. ARMED FORCES? 12. No |
| SOCIAL SECURITY NUMBER 13. 311 - 16 - 2117 | | USUAL OCCUPATION 14a. Homemaker | KIND OF BUSINESS OR INDUSTRY 14b. Own Home |
| RESIDENCE—STATE 15a. Indiana | COUNTY 15b. Lake | CITY, TOWN OR LOCATION 15c. Hammond | IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| STREET AND NUMBER 15d. 7108 Hohman Avenue | | INSIDE CITY LIMITS 15f. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 MIDDLE LAST 16. Anthony Kubal | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Mary Kufner | |
| INFORMANT—NAME (Type or Print) 18a. Harry J. Dumich | | MAILING ADDRESS: STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 7108 Hohman Ave., Hammond, Indiana 46320 | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial | | CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE ZIP 19b. Holy Cross Cemetery 19c. Calumet City, Indiana 46320 | |
| DATE (MONTH, DAY, YEAR) 20a. September 18, 1980 | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Anthony & Dziadowicz Funeral Home 9445 Calumet Ave., Munster, Indiana 46320 | |
| To the best of my knowledge and belief, the above occurred at the time, date and place and due to the cause stated 21a. (Signature) <i>Cesar Gomez</i> | | DATE SIGNED (Mo., Day, Yr.) 21b. 9/15/1980 | |
| NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Cesar Gomez M.D. | | HOUR OF DEATH 21c. 11:00am | |
| MAILING ADDRESS—PHYSICIAN 21e. 5815 Calumet Ave., Hammond, Indiana 46320 | | HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i> | |
| HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i> | | DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 9-17-80 | |
| PART I IMMEDIATE CAUSE (a) <i>Cardiovascular arrest</i> (b) <i>for advanced liver cancer</i> (c) <i>due to or as a consequence of</i> | | Interval between onset and death | |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) | | Interval between onset and death | |
| | | Interval between onset and death | |
| | | Interval between onset and death | |
| | | AUTOPSY (Specify Yes or No) 24. No | |

2/00