

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE INDIANA HEALTH DEPT. MAY 19 1981

Date Issued HAMMOND HEALTH COMMISSIONER
The North Hall of Lot 39, Suburban Park Add., Hammond, Ind. 46324

EMBALMER'S NAME: Michael H. Goril
FUNERAL DIRECTOR'S SIGNATURE: *Michael H. Goril*

LICENSE No. 934
FUNERAL DIRECTOR'S LICENSE No. 405

FEDERAL BUREAU OF INVESTIGATION
No. 1-28

Hammond, Ind. 46324
MONSTER LAKE COUNTY

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Pol No. B-395255 LD
Sherman & Goot, Attys
5258 Hohman Ave, Hammond, In

**INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH**

State No. _____

CHICAGO
485
INDIANA

DECEASED—NAME FIRST MIDDLE LAST Mary Raksanyi			SEX Female	DATE OF DEATH MONTH, DAY, YEAR May 17, 1981	
RACE—(as of White, Black, American Indian, etc.) (Specify) White	AGE—Last Birthday (Yrs.) 84	UNDER 1 YEAR MO. DAY	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH Mo., Day, Yr. 7-2-1896	
CITY, TOWN OR LOCATION OF DEATH Hammond			HOSPITAL OR OTHER INSTITUTION—(Name of inst. or author, give street and number) 7332 McCook		IF HOSP. OR INST. Indiana BOA, CP/Amr. Inst., (specify location) 7d
STATE OF BIRTH (if not in U.S.A. specify country) Hungary	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	SURVIVING SPOUSE (if wife, give maiden name) 11		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
SOCIAL SECURITY NUMBER 312-10-7644		USUAL OCCUPATION (Give kind of work done during most of working life, state of resident) Housewife		KIND OF BUSINESS OR INDUSTRY At Home	
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. RESIDENCE—STATE COUNTY Indiana Lake	CITY, TOWN OR LOCATION Hammond		IS RESIDENCE ON A FARM? 15b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) Yes
STREET AND NUMBER 7332 McCook					
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEDICAL, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST Gabor Fodor			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Agnes Horvath		
INFORMANT—NAME (If you or proxy) RELATIONSHIP Mary Brumley-Daughter		MAILING ADDRESS STREET OR R.F. NO. CITY OR TOWN STATE ZIP 517 Florence Hammond, Indiana 46324			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FURNERAL HOME Concordia Cemetery		LOCATION CITY OR TOWN STATE Hammond, Indiana	
DATE (MONTH, DAY, YEAR) May 19, 1981		FUNERAL HOME—(Name and address) (STREET OR R.F. NO., CITY OR TOWN, STATE, ZIP) C.J. Huber Funeral Home, 722-165th St. Hammond, Ind 46324			
To the best of my knowledge, death occurred on this date and at this place (Specify if unusual) 21a. (Signature) <i>Daniel J. Motyka</i>			DATE SIGNED (Mo., Day, Yr.) May 18, 1981	HOUR OF DEATH 9:00 A.M.	
NAME OF ATTENDING PHYSICIAN (If you or proxy) Daniel J. Motyka, D.O.			MAILING ADDRESS—PHYSICIAN 915 Belmont Ave, Munster, Indiana 46321		
MEMORIAL OR CEMETERY SIGNATURE <i>D. J. Motyka</i>			DATE RECEIVED BY LOCAL HEALTH OFFICE WAX 1981		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23. IMMEDIATE CAUSE (GIVE ONLY ONE CAUSE FOR UNDERLYING CAUSE AND ALL) PART I (a) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF (b) Acute Myocardial Infarction DUE TO OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not stated in above given in PART I (a))					
CAUSE 24. No					

36-166-59
Dul Ok. a.c.
Milla Lt 30