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# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. ....

Local No. 94

659163

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

**Embalmers Certified as True and Complete Copy of the Certificate of Death Filed with the Hammond Health Department on 1/29/82**  
W 221  
E 38  
#229-311-7  
A & B 16 1982

FUNERAL HOME

No. 750

FUNERAL DIRECTOR'S

LICENSE No. 94

LICENSE No. 1576

EMBALMER'S NAME Ronald A. Harris

FUNERAL DIRECTOR'S

SIGNATURE Cornelia A. Harris

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

|   |                                    |   |   |  |
|---|------------------------------------|---|---|--|
| 1. DECEASED—NAME<br>FIRST: LEO, MIDDLE: A., LAST: MENZYK  |                                    | 2. SEX: M   | 3. DATE OF DEATH (MONTH, DAY, YEAR): 01/29/82                   |  |
| 4. RACE: White  | 5a. AGE—Last Birthday (Yrs): 60    | 5b. UNDER 1 YEAR: MOS   | 5c. UNDER 1 DAY: HOURS, MINS                                    | 6. DATE OF BIRTH (Mo., Day, Yr.): 6-25-1921      |
| 7a. CITY, TOWN OR LOCATION OF DEATH: Hammond  |                                    | 7b. HOSPITAL OR OTHER INSTITUTION—Name (if not on other: give street and number): St. Margaret Hospital |   | 7c. COUNTY OF DEATH: Lake                        |
| 8. STATE OF BIRTH (if not in U.S.A.): Indiana   | 9. CITIZEN OF WHAT COUNTRY: U.S.A. | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married  | 11. SURVIVING SPOUSE (if wife, give maiden name): Flora Ossanna |  |
| 12. SOCIAL SECURITY NUMBER: 312-14-2886   |                                    | 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman   |   | 13b. KIND OF BUSINESS OR INDUSTRY: Automobiles   |
| 14a. RESIDENCE—STATE: Indiana   | 14b. COUNTY: Lake                  | 14c. CITY, TOWN OR LOCATION: Highland   |   |  |
| 15a. STREET AND NUMBER: 3724 43rd St.   |                                    | 15b. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>        |   | 15c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes |
| 16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                    |   |   |  |
| 17. FATHER—NAME: Andrew Menzyk  |                                    | 18. MOTHER—MAIDEN NAME: Mary Masopust   |   |  |
| 19a. INFORMANT—NAME (Type or print): Flora Menzyk—Wife  |                                    | 19b. RELATIONSHIP: Wife   |   |  |
| 20a. MAILING ADDRESS: 3724 43rd. St. Highland, Indiana 46322  |                                    | 20b. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP   |   |  |
| 21a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial  |                                    | 21b. CEMETERY OR CREMATORY—FUNERAL HOME: Calumet Park   |   | 21c. LOCATION: Merrillville, In.                 |
| 22a. DATE (MONTH, DAY, YEAR): Feb. 1, 1982  |                                    | 22b. FUNERAL HOME—NAME AND ADDRESS: Kuiper Funeral Home 9039 Kleinman Rd. Highland, IN                  |   |  |
| 23. To the best of my knowledge, death occurred at the time, date and place and under the causes stated   |                                    | 23a. DATE SIGNED (Mo., Day, Yr.): 1/29/82   |   | 23b. HOUR OF DEATH                               |
| 24. NAME OF ATTENDING PHYSICIAN (Type or Print): Joseph D. Tyrrell  |                                    | 24a. SIGNATURE: <u>Joseph D. Tyrrell</u>  |   |  |
| 25. MAILING ADDRESS—PHYSICIAN: 800 State Line - Calumet, Ct.  |                                    | 25a. DATE RECEIVED BY LOCAL OFFICE: JAN 29 1982   |   |  |
| 26. HEALTH OFFICER—SIGNATURE: <u>Franklin J. Bruner</u>   |                                    | 26a. DATE RECEIVED BY LOCAL OFFICE: JAN 29 1982   |   |  |
| 27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))  |                                    | 27a. INTERVAL BETWEEN ORSEL AND DEATH   |   |  |
| PART I (a) <u>Cancer</u>  |                                    | 27b. INTERVAL BETWEEN ORSEL AND DEATH   |   |  |
| (b) <u>Adeno Carcinoma colon</u>  |                                    | 27c. INTERVAL BETWEEN ORSEL AND DEATH   |   |  |
| (c) <u>Diabetes</u>   |                                    | 27d. INTERVAL BETWEEN ORSEL AND DEATH   |   |  |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)  |                                    | 28. AUTOPSY (Specify Yes or No): No   |   |  |

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