

Lexington Park Rd. L. & R. 8.
Ky 34-87-10

Local No. 1244-77
1244-77
Hammond Ill 323

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

659390

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST 1. MOSES CHEPREGI			SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. Oct. 7, 1977
RACE 4. White	AGE—LAST BIRTHDAY (YEARS) 5a. 86	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 4-15-1897	COUNTY OF DEATH 7a. LAKE	
CITY, TOWN, OR LOCATION OF DEATH 7b. MUNSTER		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. YES		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. MUNSTER MED INN		
STATE OF BIRTH (IF NOT IN U.S.A.), NAME OF COUNTRY 8. HUNGARY		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. NONE		
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 12. 309 24 8215		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. LABORER		KIND OF BUSINESS OR INDUSTRY 13b. CONSTRUCTION
RESIDENCE—STATE 14a. IND.		COUNTY 14b. LAKE	CITY, TOWN OR LOCATION 14c. HAMMOND		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. YES	TOWNSHIP 14e. NORTH
STREET AND NUMBER 14f. 6636 Colorado			14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		15. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XXX	
FATHER—NAME FIRST MIDDLE LAST 15. MOSES CHEPREGI			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. JULIA HARCEKE			
INFORMANT—NAME 17a. MOSES CHEPREGI			RELATIONSHIP 17b. SON	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 6647 California, Hammond, 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 CARCINOMA OF COLON WITH METASTASIS						6
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST						3 53 PM
(a) DUE TO, OR AS A CONSEQUENCE OF:						OF DEATH
(b) DUE TO, OR AS A CONSEQUENCE OF:						NO
(c) DUE TO, OR AS A CONSEQUENCE OF:						NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)						IF THESE WERE FINDINGS CONFIRMED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>
19a. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
DATE & TIME OF DEATH 20. Oct. 7, 1977 11:55A			DATE SIGNED 21a. Oct. 7, 1977			
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a. DR. BOMBAR			SIGNATURE OF PHYSICIAN 22b. L. E. BOMBAR, MD			PHY. CODE NO.
MAILING ADDRESS—PHYSICIAN 23. 7905 Calumet Ave.			STREET OR R.F.D. NO.		CITY OR TOWN Munster	STATE Ind.
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL			CEMETERY, CREMATORY, FUNERAL HOME 24b. OAK HILL CEM.		LOCATION 24c. HAMMOND	CITY OR TOWN IND.
DATE (MONTH, DAY, YEAR) 24d. OCT. 11, 1977			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. VIRGIL HUBER F. H., 7051 Kennedy, Hammond, Ind.			
25b.			HEALTH OFFICER—SIGNATURE 26a. PETER STECY, MD		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. OCT. 11, 1977	

FILED
FEB 16 1982
AUDITOR LAKE COUNTY

H. D. JOHNSON
FEB 16 1982

FUNERAL HOME No. 286
FUNERAL DIRECTOR'S LICENSE No. 2497
FUNERAL DIRECTOR'S SIGNATURE
EMBALMER'S NAME

Disposition Permit Issued / /
Provisional Certificate
 Yes No