

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A

664436

Local No. 151

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DATE OF DEATH (MONTH, DAY, YEAR)
February 15, 1982

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

MAR 2 1982

Date Issued

FILED

EMBALMER'S NAME: Elden B. LaHayne

LICENSE No. 85 APR 5 1982

FUNERAL DIRECTOR'S SIGNATURE: *Eldon B. LaHayne*

FUNERAL DIRECTOR'S LICENSE No. 2013

FUNERAL HOME: *LaHayne Funeral Home*

AUDITOR LAKE COUNTY

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 IN ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1 <u>John Banas</u>			SEX 2 <u>Male</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>February 15, 1982</u>	
RACE—(to g. White, Black, American Indian, etc.) (Specify) 4 <u>White</u>	AGE—Last Birthday (Yr.) 5a <u>67</u>	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Mo., Day, Yr.) 6 <u>6-6-14</u>	COUNTY OF DEATH 7a <u>Lake</u>
CITY, TOWN OR LOCATION OF DEATH 7b <u>Hammond</u>		HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) 7c <u>7445 Olcott Ave.,</u>		IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Isolation (Specify) 7d _____	
STATE OF BIRTH (If not in U.S.A. Name Country) 8 <u>Indiana</u>	CITIZEN OF WHAT COUNTRY 9 <u>USA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 <u>married</u>	SURVIVING SPOUSE (If wife, give maiden name) 11. <u>Mildred Barkal</u>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 <u>No</u>
SOCIAL SECURITY NUMBER 13 <u>306-01-7587</u>		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a <u>Pipefitter</u>		KIND OF BUSINESS OR INDUSTRY 14b <u>Atlantic Richfield Co.</u>	
RESIDENCE—STATE 15a <u>Indiana</u>	COUNTY 15b <u>Lake</u>	CITY, TOWN OR LOCATION 15c <u>Hammond</u>		STREET AND NUMBER 15d <u>7445 Olcott Ave.,</u>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15f <u>yes</u>	
FATHER—NAME 16 <u>John Banas, Sr.</u>			MOTHER—MAIDEN NAME 17. <u>Anna Tvarosky</u>		
INFORMANT—NAME (Type or print) 18a <u>Mildred Banas - Wife</u>		RELATIONSHIP 18b <u>Wife</u>	MAILING ADDRESS 18c <u>7445 Olcott Ave., Hammond, Indiana 46323</u>		STATE ZIP <u>Indiana 46320</u>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <u>Burial</u>		CEMETERY OR CREMATORY—FUNERAL HOME 19b <u>Concordia Cemetery</u>		LOCATION 19c <u>Hammond, Indiana</u>	
DATE (MONTH, DAY, YEAR) 20a <u>February 18, 1982</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b <u>LaHayne Funeral Home, Inc., 5746 Hohman Ave., Hammond, Indiana</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <u>FEB 18 1982</u>	
To the best of my knowledge, death occurred at the time, place and due to the cause(s) stated. 21a (Signature) <i>Ronald R. Reed</i>		DATE SIGNED (Mo., Day, Yr.) 21b <u>February 18, 1982</u>		HOUR OF DEATH 21c <u>6:37 PM</u>	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <u>Ronald R. Reed, M.D.</u>			MAILING ADDRESS—PHYSICIAN 21e <u>2450-169th St., Hammond, Indiana 46323</u>		
HEALTH OFFICER—SIGNATURE 22a <i>Franklin J. Gernand</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <u>FEB 18 1982</u>		COUNTY RECORDS RECORDED 5 1 11 PM '82	
PART I (a) <u>myocardial infarction</u> DUE TO OR AS A CONSEQUENCE OF		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
(b) <u>Coronary atherosclerosis</u> DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death	
(c)				Interval between onset and death	
PART II AUTOPSY (Specify Yes or No) 24 <u>No</u>					

80

400