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APR 19 1982

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EMBALMER'S NAME Robert P. Geisen

FUNERAL DIRECTOR'S SIGNATURE *[Signature]*

FUNERAL HOME *[Signature]*

2000 + 3000 665856

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 1772-81

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 FIRST MIDDLE LAST Joseph A. Auskalnis Sr.			2. SEX Male	3. DATE OF DEATH (MONTH DAY YEAR) November 19, 1981	
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify) White	5a. AGE—Last Birthday (Yrs) 61	5b. UNDER 1 YEAR MOS	5c. UNDER 1 DAY HOURS MINS	6. DATE OF BIRTH (Mo. Day Yr.) 4-16-1920	7a. COUNTY OF DEATH Lake
7b. CITY, TOWN OR LOCATION OF DEATH Crown Point			7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) St. Anthony Medical Center		7d. IF HOSP OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify) Inpatient
8. STATE OF BIRTH (If not in U.S.A. name country) Indiana	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. SURVIVING SPOUSE (If wife give maiden name) Helen Bellis		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr. Mo. Day) Yes
13. SOCIAL SECURITY NUMBER 312-14-2248		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Water Department		14b. KIND OF BUSINESS OR INDUSTRY City of Crown Point	
15a. RESIDENCE—STATE Indiana	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Crown Point		15d. STREET AND NUMBER 600 E. Franciscan Drive	
			15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
16. FATHER—NAME FIRST MIDDLE LAST Jacob Auskalnis			17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Perry Kubilis		
18a. INFORMANT—NAME (Type or print) Helen Auskalnis		RELATIONSHIP Wife	18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 600 E. Franciscan Drive Crown Point, Indiana 46307		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cemetery		19c. LOCATION CITY OR TOWN STATE Merrillville, Indiana	
20a. DATE (MONTH, DAY, YEAR) November 21, 1981		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Geisen Funeral Home, Inc., 109 N. East St., Crown Point, IN 46307			
21a. NAME OF ATTENDING PHYSICIAN (Type or Print) J. A. Kacmar, M.D.			21b. DATE SIGNED (Mo., Day, Yr.) 11/19/81		21c. HOUR OF DEATH 11:22 AM
21d. MAILING ADDRESS—PHYSICIAN 123 N. Court Street, Crown Point, IN 46307			22a. HEALTH OFFICER—SIGNATURE <i>[Signature]</i>		
			22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 11-20-81		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <i>Cardiopulmonary Arrest</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>Right upper lobe atelectasis, @ pleural effusion</i> DUE TO OR AS A CONSEQUENCE OF (c) <i>Cancer of lung (Squamous type)</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) <i>Chronic obstructive Pulmonary Disease</i>					24. AUTOPSY (Specify Yes or No) No

C10

APR 20 1982 11:22 AM '82

Unit 23 Hwy 9-256-10
Jeffrey Mamon Unit 1