

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH.
ON FILE WITH THE HAMMOND HEALTH DEPT.
DEC 21 1981

HAMMOND HEALTH COMMISSIONER
Date Issued

Charles W. Wells
1216 S. 16th St.
Hammond, Indiana 46321

EMBALMER'S NAME: Charles W. Wells

FUNERAL DIRECTOR'S SIGNATURE
C. Wm. Mc Coy

FUNERAL DIRECTOR'S LICENSE No. 1131

FUNERAL HOME No. 287

LICENSE No. 4237

K 36-202-25

DECEASED

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

Local No. *956*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. *FCG*

1. DECEASED—NAME FIRST MIDDLE LAST JOSEPH P. BENNE			2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) 12-19-81
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify) WHITE	5a. AGE—Last Birthday (Yrs) 61	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS	6. DATE OF BIRTH (Mo., Day, Yr.) MAR. 29, 1920
7b. CITY, TOWN OR LOCATION OF DEATH HAMMOND		7c. HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) ST. MARGARET HOSPITAL		7d. IF HOSP. OR INST. Indicate DOA, OP/Emar. Rm., Inpatient (Specify) DOA
8. STATE OF BIRTH (If not in U.S.A. name country) ILLINOIS	9. CITIZEN OF WHAT COUNTRY USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) LORETTA L. SZARMACH	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) YES
13. SOCIAL SECURITY NUMBER 352-03-0605		14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FINANCE DEPT. CLERK		14b. KIND OF BUSINESS OR INDUSTRY COOK COUNTY HIGHWAY DEPT.
15a. RESIDENCE—STATE ILLINOIS	15b. COUNTY COOK	15c. CITY, TOWN OR LOCATION CALUMET CITY		
15d. STREET AND NUMBER 494 HIRSCH AVE.			15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 ANDREW BENNE			17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST MARIE MIKULA	
18a. INFORMANT—NAME (Type or print) RELATIONSHIP LORETTA L. BENNE (WIFE)		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 494 HIRSCH AVE., CALUMET CITY, ILLINOIS 60409		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		19b. CEMETERY OR CREMATORY—FUNERAL HOME HOLY CROSS CEMETERY		19c. LOCATION CITY OR TOWN STATE ZIP CALUMET CITY, ILLINOIS
20a. DATE (MONTH, DAY, YEAR) DEC. 23, 1981		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) McCOY FUNERAL CHAPEL 5713 HOHMAN, HAMMOND, INDIANA FOR: NOWAK FUNERAL HOME, CALUMET CITY, ILLINOIS		
21a. NAME OF ATTENDING PHYSICIAN (Type or Print) Thomas A. Brubaker M.D.			21b. DATE SIGNED (Mo., Day, Yr.) Dec 20th 1981	21c. HOUR OF DEATH 8:58 P.M.
21d. MAILING ADDRESS—PHYSICIAN 140 Ridge Road Munster, Indiana 46321			22b. DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 21 1981	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiac arrest DUE TO, OR AS A CONSEQUENCE OF (b) Arteriosclerotic heart disease DUE TO OR AS A CONSEQUENCE OF Interval between onset and death minutes Interval between onset and death Years				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) None				24. AUTOPEY (Specify Yes or No) No

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