

Key 34-101-39440 THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH
 Key 28-245-43
 Key 40 and N 1/2 2241
 Received by Hoffmann on file with the Hammond Health Dept.
 1st added to City and Apr 12 1982

THIS IS A PERMANENT RECORD

HAMMOND HEALTH COMMISSIONER

THOMAS J. BURNS

LICENSE No. 4518

FUNERAL DIRECTOR'S SIGNATURE: *Mark J. Kish*

FUNERAL DIRECTOR'S LICENSE No. 2381

667444

FILED

NOV 3 1982

PERMANENT INK SLE HANDBOOK FOR INSTRUCTIONS

DECEASED: *Joseph Yobeka*
 RESIDENCE: *Hammond, Indiana*
 COUNTY: *Lake*

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

Joseph Yobeka
9130 Roosevelt St
Hammond 46320

Local No. *807*

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JOSEPH		S.	YOBKA	MALE	3. OCTOBER 23, 1976	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. WHITE	5a. 75	5b.	5c.	6. 12/12 1900	7a. LAKE	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. HAMMOND		7c. YES	7d. ST. MARGARET HOSPITAL			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. HUNGARY		9. U.S.A.		11. MARGARET KELLER		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING YEARS (SPECIFY))		13b. INLAND STEEL CO.		
12. 312-10-8194A		13a. ELECTRICIAN				
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. INDIANA		14b. LAKE	14c. MUNSTER	14d. YES	14e. NORTH	
STREET AND NUMBER		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		14h. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
14f. 8784 JEFFERSON ST.						
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. STEPHEN				YOBKA	16. ELIZABETH SLUTANC	
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. MARGARET YOBKA		17b. WIFE		17c. 8784 JEFFERSON MUNSTER, 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		(a) <i>Cerebral Vascular accident.</i>				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) <i>Generalized Atherosclerosis.</i>				WILLIAM BELL SKI JAN 3 1982
CAUSE		(c)				STATE OF INDIANA DEPARTMENT OF HEALTH
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				19a. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DATE & TIME OF DEATH		MONTH	DAY	YEAR	DATE SIGNED	MONTH DAY YEAR
20. 10-23-76 5:30 P.M.					21a. 10-24-76	
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP
22a. DR. R.L. SHAH		110 Ridge Road		Munster	Indiana	46321
MAILING ADDRESS—PHYSICIAN		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION	CITY OR TOWN STATE	
23. 110 Ridge Road		24b. ST. JOHN		24c. HAMMOND, INDIANA		
BURIAL, CREMATION, REMOVAL (SPECIFY)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24a. BURIAL		25a. BURNS-KISH FUNERAL HOMES, INC.		MUNSTER, INDIANA		
DATE (MONTH, DAY, YEAR)		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		
24d. 10/26/1976		25b. <i>[Signature]</i>		26b. 10-26-76		

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