

FILED
 AUG 1 1982
 MEDICINE
 THE ABOVE IS A TRUE AND
 COMPLETE COPY OF THE
 ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Hold for Mary K

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____
 No. _____

677491
 Local No. (141-82)

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.O.
 OF
 D.

CAUSE

Chas. W. Wells
 JUL 23 1982
 EMBALMER'S NAME
 FUNERAL DIRECTOR'S
 SIGNATURE
 LICENSE No. 4237
 FUNERAL DIRECTOR'S
 LICENSE No. 723
 LAKE COUNTY HEALTH COMMISSIONER

1. DECEASED—NAME FIRST MIDDLE LAST HELEN C. SKOLAK		SEX Female	DATE OF DEATH (MONTH DAY YEAR) July 18, 1982
2. RACE—(by White, Black, American, Ind or etc. (Specify)) White	3. AGE—Last Birthday (Yrs) 66	4. UNDER 1 YEAR MOS DAYS 5b	5. UNDER 1 DAY HOURS MINS 5c
6. DATE OF BIRTH (Mo, Day, Yr) 2-4-1916		7. COUNTY OF DEATH Lake	
7a. CITY, TOWN OR LOCATION OF DEATH Crown Point		7b. HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) St. Anthony's Medical Center	
8. STATE OF BIRTH (if not in U.S.A. name & country) Indiana		9. CITIZEN OF WHAT COUNTRY USA	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		11. SURVIVING SPOUSE (if wife, give maiden name) Edward A. Skolak	
12. SOCIAL SECURITY NUMBER 307-01-5342		13. USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) Housewife	
14. RESIDENCE—STATE Indiana		15. COUNTY Lake	
16. CITY, TOWN OR LOCATION Merrillville		17. KIND OF BUSINESS OR INDUSTRY Home	
18. STREET AND NUMBER 219 West 54th Place		19. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. FATHER—NAME FIRST MIDDLE LAST John Lopota		23. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Susan Kopp	
24. INFORMANT—NAME (Type or print) RELATIONSHIP Edward A. Skolak Husband		25. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 219 West 54th Place, Merrillville, Indiana 46410	
26. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		27. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE ZIP Calumet Park Cemetery, Merrillville, Indiana	
28. DATE (MONTH DAY YEAR) July 21, 1982		29. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) PRUZIN FUNERAL HOME, 6360 Broadway, Merr., Ind. 46410	
30. To the best of my knowledge, death occurred at the time, date and place and due to the (Cause(s) stated) 21a. (Signature) Henry S. Lebioda, M.D.		31. DATE SIGNED (Mo., Day, Yr.) July 20, 1982	
32. NAME OF ATTENDING PHYSICIAN (Type or print) Henry S. Lebioda M.D.		33. HOUR OF DEATH 1:40 PM	
34. MAILING ADDRESS OF PHYSICIAN 5490 Broadway, Merrillville, Indiana 46410		35. HEALTH OFFICER'S SIGNATURE Chas. W. Wells	
36. DATE RECEIVED BY LOCAL HEALTH OFFICER 7-23-82		37. INTERVAL BETWEEN ONSET AND DEATH one month	
38. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) PART I (a) Hepatitis, secondary to alcohol (b) cirrhosis of liver		39. INTERVAL BETWEEN ONSET AND DEATH Interval between onset and death	
40. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II		41. AUTOPSY (Specify Yes or No) no	

381

4/00