

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Medical No. 383

TYPE OR PRINT
PLAINLY
UNFADING INK
THIS IS A
PERMANENT
RECORD

AUG 11 1982

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

FILED
MAY 7 1982
H. S. GARDNER
HAMMOND HEALTH COMMISSIONER

677588
FUNERAL HOME
No. 210
LAKE COUNTY

FUNERAL DIRECTOR'S
LICENSE No. 599

LICENSE No. 2747

Date Issued

EMBALMER'S NAME: Michael Mysliwy
FUNERAL DIRECTOR'S SIGNATURE: Michael Mysliwy

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

DECEASED—NAME 1. EDMUND J BUCZYNSKI			SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. 5-4-82
RACE—(a) White, Black, American Indian, etc. (Specify) 4. WHITE	AGE—Last Birthday (Specify) 5a. 69	UNDER 1 YEAR MOS. 5b.	UNDER 1 DAY HOURS 5c. MIN. 5d.	DATE OF BIRTH (Mo., Day, Yr.) 6. 6-7-1912
CITY, TOWN OR LOCATION OF DEATH 7b. HAMMOND		HOSPITAL OR OTHER INSTITUTION—Name (If not on other, give street and number) 7c. 4728 BALTIMORE ST		IF HOSP. OR INST. Indicate DGA, OP, Emer. Rm., Inpatient (Specify) 7d.
STATE OF BIRTH (If not in U.S.A. Name Country) 8. INDIANA	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11. JOLAN MATOLCSY	
SOCIAL SECURITY NUMBER 13. 312-09-9135		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. OPERATOR		KIND OF BUSINESS OR INDUSTRY 14b. OIL REFINERY
RESIDENCE—STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. HAMMOND		INSIDE CITY LIMITS (Specify Yes or No) 15i. YES
STREET AND NUMBER 15d. 4728 BALTIMORE ST			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15i. YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. JOHN BUCZYNSKI			MOTHER—MAIDEN NAME 17. HELEN GARCARZ	
INFORMANT—NAME (Type of Print) 18a. JOLAN BUCZYNSKI		MAILING ADDRESS 18b. 4738 Baltimore St Hammond Ind		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME 19b. ST MICHAEL		LOCATION 19c. HAMMOND IND
DATE (MONTH, DAY, YEAR) 20a. 5-8-82		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. MYSLIWOY FUNERAL HOME EAST CHICAGO IND 46320		
To the best of my knowledge, death occurred at the time, date and place and due to the conditions stated. 21a. (Signature) J. P. Majcher, M.D.			DATE SIGNED (Mo., Day, Yr.) 21b.	HOUR OF DEATH 21c.
NAME OF ATTENDING PHYSICIAN (Type of Print) 21d.			MAILING ADDRESS—PHYSICIAN 21e.	
HEALTH OFFICER'S SIGNATURE 22a. J. P. Majcher			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. AUG 12 7 1982	
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
(a) Arteriosclerotic heart disease				
(b) Coronary artery disease				
(c) Hypertension, essential				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b), and (c) 24.				

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