

File 35-216-23 Parbride Ave. St 23 Sec 2 N. 20ft of Sec 2486

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THIS COPY IS A TRUE AND
CORRECT COPY OF THE MEDICAL CERTIFICATE OF DEATH
ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

EMBALMER'S NAME: Keith D. Anthony APR 2 LICENSE No. 1191

FUNERAL DIRECTOR'S SIGNATURE: Keith D. Anthony
FUNERAL DIRECTOR'S LICENSE No. 2269

DISPOSITION: LAKE COUNTY HEALTH COMM

CAUSE: Cancer of the Lung - Metastasis to brain

677937
586-82

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

585

Local No. 677937
586-82

DECEASED—NAME 1. Bernice (Jurczewski) Duda			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. April 14, 1982
RACE—(to g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yrs) 5a. 62	UNDER 1 YEAR 5b. MOS	UNDER 1 DAY 5c. HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6. 9/23/1919
CITY, TOWN OR LOCATION OF DEATH 7b. Munster		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) 7c. Med Inn		IF HOSP. OR INST. Indicate DDA, OP, Emer. Rm., Inpatient (Specify) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed	SURVIVING SPOUSE (If wife, give maiden name) 11. None	
SOCIAL SECURITY NUMBER 13. 315-09-0122		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Homemaker		KIND OF BUSINESS OR INDUSTRY 14b. Own Home
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond		
STREET AND NUMBER 15d. 4048 Sheffield Avenue		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. 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. Frank Jurczewski			MOTHER—MAIDEN NAME 17. Constance Unavailable	
INFORMANT—NAME (Type or print) 18a. Dennis Duda	RELATIONSHIP Son	MAILING ADDRESS 18b. 4048 Sheffield Avenue Hammond, Indiana 46327		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b. Holy Cross Cemetery		LOCATION 19c. Calumet City, Illinois	
DATE (MONTH, DAY, YEAR) 20a. April 16, 1982	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20b. Anthony & Dziadowicz 4404 Cameron Ave. Hammond, Ind. 46327			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a. (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 4/14/82	HOUR OF DEATH 21c. 3:15 PM '82	
NAME OF ATTENDING PHYSICIAN (Type or print) 21d. Dr. Gaddipati/HCMD		MAILING ADDRESS—PHYSICIAN 21e. 7905 Calumet Avenue Munster, Indiana		
HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 4-19-82	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cancer of the Lung - Metastasis to brain (b) due to, OR AS A CONSEQUENCE OF (c) due to OR AS A CONSEQUENCE OF				Interval between onset and death months
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No) 24. No

4.00