

Handwritten notes:
 State No. *682557*
 PD 360
 10

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

Local No. *682557*
1055-82

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
1		NATALIE KOSANOVICH			2 FEMALE	3 JULY 7, 1982
RACE—(e.g. White, Black, American Indian, etc.) (Specify)	AGE—(Last Birthday) (Yr.)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH
4 WHITE	5a 55	5b	5c	5d	6 APRIL 12, 1927	LAKE
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—(Name if not in panel give street and number)			IF HOSP OR INST. Indicate DOA OP, Emer. Rm., Inpatient (Specify)
7b MUNSTER			7c COMMUNITY HOSPITAL			7d INPATIENT
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 INDIANA	9 USA	10 MARRIED		11 NICK		12 NO
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life. Do not state retired)		KIND OF BUSINESS OR INDUSTRY	
13 310-22-6028			14a CLERICAL		14b U.S. STEEL	
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?	
15a INDIANA		15b LAKE	15c HAMMOND		15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER			INSIDE CITY LIMITS? (Specify Yes or No)			WILL RECORD BE ORDERED?
15d 1335 170TH ST.			15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			SEP 10 5 22 PM '82
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.						
18g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
16		ALEX KOSANOVICH			17 DOROTHY POPOVICH	
INFORMANT—NAME (If type or print)		RELATIONSHIP		MAILING ADDRESS		
18a NICK KOSANOVICH				18b 1335 - 170th ST., HAMMOND, IND. 46324		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		
19a BURIAL		19b OAK HILL CEMETERY		19c HAMMOND, IND.		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
20a JULY 10, 1982		20b SOLAN FUNERAL HOME 7109 CALUMET AVE., HAMMOND, IND 46324				
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated				DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH
21a (Signature) <i>Fred Adler</i>				21b 7/8/82		21c 5:21 P. M.
NAME OF ATTENDING PHYSICIAN (Type or Print)						
21d FRED ADLER, M.D.						
MAILING ADDRESS—PHYSICIAN						
21e 800 MAC ARTHUR BLVD. MUNSTER, IND. 46321						
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a <i>[Signature]</i>					22b 7-9-82	
23 IMMEDIATE CAUSE (PRINT OR TYPE IN FULL (PRINT IN AND IN))						Interval between onset and death
PART I (a) <i>Myocardial infarction of breast</i>						6 months
DUE TO OR AS A CONSEQUENCE OF						Interval between onset and death
(b)						Interval between onset and death
DUE TO OR AS A CONSEQUENCE OF						Interval between onset and death
(c)						Interval between onset and death
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

Key 36-69-10
Handwritten notes:
 SEP 29 1982
 FILED
 SEP 29 1982
 LICENSE No. 409
 FUNERAL DIRECTOR *[Signature]*
 LICENSE No. 849 ADDTOR LAWS CODE 89
 MARY SOLAN
 JULY 1982
 M.D. OR D.O.
 CAUSE

Handwritten: 4/10