

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____

B _____

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

JUN 2 1982

Date Issued

File # 32-58-49

N 2 L 43 M 2
all 2 44 B 2

Stanley J. Burzynski
HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME Woodrow Donovan

LICENSE No. 5313

FUNERAL DIRECTOR'S
SIGNATURE *James H. Fife*

FUNERAL DIRECTOR'S
LICENSE No. 8

FUNERAL HOME
No. 151

685145

Local No. 455

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

John J. Halcaray
5272 Robinson Ave
Hammond
State No. _____

DECEASED—NAME 1. Alfreda Burzynski			SEX Female	DATE OF DEATH (MONTH DAY, YEAR) 5-28-82
RACE—(is White, Black, American Indian, etc.) 4. White	AGE—Last Birthday (Year) 5a. 62	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MINES 5c.	DATE OF BIRTH (Mo., Day, Yr.) 6. 8-19-1919
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) 7c. St. Margarets Hospital		IF HOSP OR INST. Indicate DOA, OP, Imer, Rm., Inpatient (Specify) 7d. Inpatient
STATE OF BIRTH (if not in U.S.A. name country) 8. Penn.	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (if wife, give maiden name) 11. Stanley J. Burzynski	
SOCIAL SECURITY NUMBER 13. 170-01-2869		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Housewife	KIND OF BUSINESS OR INDUSTRY 14b. None	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 4727 Oak Street		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify City or Town) 15f. Hammond, Ind.
FATHER—NAME 16. Ezra Tomaszewski		MOTHER—MAIDEN NAME 17. Stella Huminski		
INFORMANT—NAME (Type or print) 18a. Stanley J. Burzynski		RELATIONSHIP Husb.	MAILING ADDRESS 18b. 4727 Oak Street Hammond, Indiana 46327	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Elmwood Cemetery		LOCATION 19c. Hammond, Indiana
DATE (MONTH DAY, YEAR) 20a. June 1, 1982		FUNERAL HOME—NAME AND ADDRESS (Street or P.O. No., City or Town, State) 20b. PIFE FUNERAL HOME: 4201 Indpls. East Chicago, Ind.		
To the best of my knowledge, death occurred at the time, date and place stated in the certificate filed. 21a. (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b. 6/2/82	HOUR OF DEATH 21c. 2:20pm	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. M. FLOYD		MAILING ADDRESS—PHYSICIAN 21e. 18141 Dixie Highway, #101, Homewood, Ill 60430		
HEALTH OFFICER—SIGNATURE 22a. <i>Stanley J. Burzynski</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. JUN 2 1982		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		Interval between onset and death		
PART I (a) ACUTE MYOCARDIAL INFARCT		3 HOURS		
(b) MYOCARDIAL INFARCT		2 DAYS		
(c) CORONARY ATHEROSCLEROSIS		YEARS		
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		

FILED
JUN 2 1982
HAMMOND, INDIANA
STATE OFFICE
JAMES H. FIFE
COMMISSIONER

yes