

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

685424

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 485-77

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECLASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. MICHAEL		J	ROSKOWSKI,	SR.	Male	3. April 27, 1977	
RACE	AGE—LAST BIRTHDAY (YEARS) MO. DAY	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. White	5a. 65 6/4	5b.	5c.	6. 9-15-1912		7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Merrillville			7c. YES	7d. Broadway Methodist Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
6. Pennsylvania		9. U.S.A.		10. Jane Nadejski			
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. 513-07-0501		13a. Energy Division-retired		13b. US Steel			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana		14b. Lake	14c. Merrillville		14d. YES	14e. Ross	
STREET AND NUMBER				14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14h. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
14f. 5524 Harrison Street				No			

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. Louis				Roszkowski	16. Lucille Kolakowski				
INFORMANT—NAME				RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Jane Roszkowski				17b. Wife	17c. 5524 Harrison St. Merrillville, In. 46410				

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE		Cerebral Hemorrhage, massive		WEEKS	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(a) DUE TO, OR AS A CONSEQUENCE OF:		RECORD	
		(b) DUE TO, OR AS A CONSEQUENCE OF:		11 5 28 1977	
		(c) Hypertensive Cardiovascular Disease		RECORD	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/>	
				19a. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DATE & TIME OF DEATH				MONTH	DAY	YEAR	DATE SIGNED	MONTH	DAY	YEAR	
20. April 27 1977								5	28	77	
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE				SIGNATURE OF PHYSICIAN				PHYS. CODE NO.			
22a. Rodolfo Jao, M. D.				22b. [Signature]				5			
MAILING ADDRESS—PHYSICIAN				STREET OR R.F.D. NO.				CITY OR TOWN, STATE, ZIP			
23. 295 South Wisconsin Street				Hobart, Indiana 46342				Indiana			

BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN		STATE	
24a. Burial		24b. Calvary Cemetery		24c. Portage,		Indiana			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
24d. April 30, 1977		25a. Geisen Funeral Home, 7905 Broadway, Merrillville, Ind. 46410							

HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER	
25b. [Signature]		26b. 4-29-77	

113-3

Mardondal Sub
 242 Bl 18
 # 15-281-42

FILED
 OCT 27 1983
 JUN 28 1977

LANCE COUNTY
 HEALTH DEPARTMENT

EMBALMERS NAME
 Ronald Mesarch
 LICENSE No. 59
 FUNERAL DIRECTORS
 [Signature]
 LICENSE No. 2367

LANCE COUNTY HEALTH DEPARTMENT
 [Signature]

Disposition Permit Issued / /

Provisional Certificate

Yes No

1026

400