

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

Below for State Office Use

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Lake George Plateau  
 Permit # B-312-9  
 Reg # 18-312-9

EMBALMER'S NAME  
 Keith Dillion  
 FUNERAL DIRECTOR'S SIGNATURE  
 MORTIMER J. CLAYTON  
 LICENSE No. 367  
 FUNERAL HOME  
 JAMES COUNTY FUNERAL HOME  
 LICENSE No. 776

10 cc  
685163  
Local No. 1325-82

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

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.

CAUSE

1 DECEASED - NAME FIRST MIDDLE LAST <b>MICHAEL W. JAREMCZUK</b>			SEX <b>Male</b>		DATE OF DEATH (MONTH DAY, YEAR) <b>August 18, 1982</b>		
2 RACE - (Specify if other than White or Black American) <b>White</b>		3 AGE - Last Birthday (Yr) Mo D <b>70</b>		4 DATE OF BIRTH (Mo, Day, Yr) <b>Feb. 26, 1912</b>		5 COUNTY OF DEATH <b>Lake</b>	
6 CITY, TOWN OR LOCATION OF DEATH <b>Hobart</b>			7c HOSPITAL OR OTHER INSTITUTION - (Name if not in other give street and number) <b>St Mary Medical Center</b>			7d IF HOSP OR INST. Indicate DOA Of Emer. Rm., Inpatient (Specify) <b>Inpatient</b>	
8 STATE OF BIRTH (If not in U.S.A. name country) <b>Poland</b>		9 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife give maiden name) <b>Anna Zwarycz</b>	
12 SOCIAL SECURITY NUMBER <b>308-32-9534</b>			13 USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Retired - Roller Shop</b>			14 KIND OF BUSINESS OR INDUSTRY <b>Gary Sheet &amp; Tin Mill</b>	
15a RESIDENCE - STATE <b>Indiana</b>		15b COUNTY <b>Lake</b>		15c CITY, TOWN OR LOCATION <b>Hobart</b>			
16 STREET AND NUMBER <b>1112 S. Colorado Street</b>				15a IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15b INSIDE CITY LIMITS (Specify Yes or No) <b>No</b>	
17 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
18 FATHER - NAME FIRST MIDDLE LAST <b>John Jaremczuk</b>			19 MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>Anna Haraszczuk</b>				
20 INMATE - NAME (Type or print) RELATIONSHIP <b>Anna Jaremczuk - Wife</b>			21 MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>1112 S. Colorado Street Hobart, Indiana 46342</b>		22 BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		
23 DATE (MONTH DAY, YEAR) <b>August 21, 1982</b>			24 CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CITY OR TOWN STATE <b>Calumet Park Cemetery Merrillville, Indiana</b>		25 FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) <b>Geisen Funeral Home, Inc., 7905 Broadway, Merr., In, 46410</b>		
26 To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 27a (Signature) <b>R.A. Hovanesian M.D.</b>			28 DATE SIGNED (Mo, Day, Yr) <b>August 20, 1982</b>		29 HOUR OF DAY <b>4:35 P.M.</b>		
30 NAME OF ATTENDING PHYSICIAN (Type or Print) <b>R.A. Hovanesian, M.D.</b>			31 MAILING ADDRESS - PHYSICIAN <b>7863 Broadway Merrillville, Indiana 46410</b>		32 HEALTH OFFICER - SIGNATURE <b>Penney M.D.</b>		
33 DATE RECEIVED BY LOCAL HEALTH OFFICER <b>8-23-82</b>			34 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST <b>Cerebrovascular - Accident</b>				
35 PART I (a) X DUE TO OR AS A CONSEQUENCE OF <b>CROWN'S Disease</b>			36 PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>Emphysema</b>				
37 PART I (b) DUE TO OR AS A CONSEQUENCE OF <b>Diabetes</b>			38 PART II (b) OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) <b>No</b>				

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