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AUDITOR LAKE COUNTY

LICENSE No. 144

FUNERAL DIRECTOR'S
LICENSE No. 1243

EMBALMER'S NAME
Larry D. Anthony

FUNERAL DIRECTOR'S
SIGNATURE
Larry D. Anthony

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

Local No. **693425**

CORONER'S CERTIFICATE OF DEATH

No. **426**

DECLASED - NAME FIRST MIDDLE LAST Joseph A. Kaminski		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) November 9, 1982
RACE - (See 118 Spec. Inf.) White	AGE - Last 5 - Under (Years) 5a 56	UNDER 1 YEAR MONTHS DAYS 5b	UNDER 1 DAY HOURS MIN. 5c
CITY, TOWN OR LOCATION OF DEATH 7b East Chicago		HOSPITAL OR OTHER INSTITUTION - Name (If not in center give street and number) 7c St. Catherine Hospital	IF HOSP. OR INST. Indiana DCA UP/Emm. No. Institution (Specify) 7d Inpatient
STATE OF BIRTH (If not in U.S.A. name Country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRI D. NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Elizabeth J. Burns
SOCIAL SECURITY NUMBER 13 313-20-8913		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a Electrical Engineer	KIND OF BUSINESS OR INDUSTRY 14b Engineering
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Munster	
STREET AND NUMBER 15d 8030 Jackson Avenue		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME FIRST MIDDLE LAST 16 Joseph Kaminski		MOTHER - MAIDEN NAME FIRST LAST 17 Mary Tobola	
INFORMANT - NAME (Type or print) RELATIONSHIP 18 Elizabeth J. Kaminski - Wife		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18b 8030 Jackson Avenue, Munster, Indiana 46381	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Holy Cross Cemetery	LOCATION CITY OR TOWN STATE 19c Calumet City, Illinois
DATE (MONTH, DAY, YEAR) 20a November 13, 1982		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE, ZIP) 20b Anthony & Dziadowicz 9445 Calumet Ave, Munster, Ind. 46321	
On the basis of examination and/or investigation, in my opinion death occurred at the time date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.) 21b 11-15-82	HOUR OF DEATH 21c M
21a. Signature <i>A. Willardo</i> NAME AND ADDRESS OF CERTIFIER (Type or Print) 211 A.T. Willardo, M.D. 2293 N. Main St., Crown Point, Indiana 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21d ON 11-9-82	PRONOUNCED DEAD (Hour) 21e cst 2:38 p. M.
HEALTH OFFICER - SIGNATURE 22a E. A. Campagna, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 11-15-82	
23 IMMEDIATE CAUSE (ENTER DATE, TIME, CAUSE PER LINE FOR (a) AND (b)) PART I (a) Myocardial Infarction		Interval between onset and death Undetermined	
(b) _____ DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) _____ DUE TO OR AS A CONSEQUENCE OF		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 Yes	
ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify) 25a NATURAL	DATE OF INJURY (Mo., Day, Yr.) 25b	HOUR OF INJURY 25c M	25d
INJURY AT WORK (Specify Yes or No) 25e	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 25f	LOCATION 25g	CITY OR TOWN STATE

500

SECRET

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