

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

KEY 37-991
PENN 5, 137 R. 10
(50 X 135 FT.)

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH.
ON FILE WITH THE HAMMOND HEALTH DEPT.
AUG 20 1982

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME
Date Issued
David W. Ruzich

HAMMOND HEALTH COMMISSIONER
LICENSE No. 294

FUNERAL DIRECTOR'S
SIGNATURE
David W. Ruzich

FUNERAL DIRECTOR'S
LICENSE No. 1323

FUNERAL HOME
No. 727

715764

Local No. 651

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.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

and P. Libers
4732 Bridge Street
East Chicago
State No. 2

DECEASED - NAME FIRST MIDDLE LAST Emily MASKOLIUNAS		SEX 2 Female	DATE OF DEATH (MONTH DAY YEAR) 3 August 12, 1982
1 RACE - (See instructions on back of form) 4 White	AGE - Last Birthday (Year) 5a 85	UNDER 1 YEAR 5b MINS. DAYS	UNDER 1 DAY 5c HOURS MINS.
CITY, TOWN OR LOCATION OF DEATH 7b Hammond (Roby)		HOSPITAL OR OTHER INSTITUTION - (Name if not in either, give street and number) 7c 1126 5th Avenue	IF HOSP. OR INST. UNDER DGA OP. (Specify No. report 1300-7) 7d Residence
STATE OF BIRTH (If not in U.S.A. name country) 8 Lithuania	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Widowed	SURVIVING SPOUSE (If wife, give maiden name) 11 None
SOCIAL SECURITY NUMBER 13 305-70-5982	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Homemaker	KIND OF BUSINESS OR INDUSTRY 14b Own Home	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hammond (Roby)	
STREET AND NUMBER 15d 1126 5th 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. 15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME 16 Stanley Yanulis		MOTHER - MAIDEN NAME 17 Maria Riska	
INFORMANT - NAME (Type or print) 18 Edward Grisko Son		MAILING ADDRESS 18b 1126 5th Avenue Hammond (Roby) Indiana	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19c Lithuanian National Cemetery	
DATE (MONTH, DAY, YEAR) 20a August 16, 1982		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b RUZICH FUNERAL HOME 2031 Indianapolis Blvd. Whiting, IN 46394	
To the best of my knowledge, death occurred at the time, date and place and due to the (causation) stated 21a (Signature) <i>David W. Ruzich</i>		DATE SIGNED (Mo. Day Yr.) 21b August 13, 1982	HOUR OF DEATH 21c M
NAME OF ATTENDING PHYSICIAN (Type or print) 21d Greisen, M.D.		JUL 11 1983	
MAILING ADDRESS - PHYSICIAN 21e 2075 Indianapolis, Boulevard, Whiting, Indiana 46394		DATE RECEIVED 22b AUG 13 1982	
HEALTH INTERVIEWER (Type or print) 22a <i>Remembrance</i>			
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c)) (a) <i>Bronchopneumonia</i> DUE TO OR AS A CONSEQUENCE OF (b) <i>Hodgkins disease</i> DUE TO OR AS A CONSEQUENCE OF (c)		Interval between onset and death 1 wk	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death	
		Interval between onset and death	
		AUTOPSY (Specify Yes or No) 24 NO	

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