TRACT | DIVISION

RECORDED DISTRICT 2601
REGISTER NUMBER 121

NEW YORK STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Edward P. Szarkowicz
7125 Montana Ave
Hammond IN 46323

STATISTICAL DISTRICT
REC.
RES.

715772

FILED

BC JUL 8

AUDITOR LAKE COUNTY

DECEDENT

1 NAME FIRST FLORENCE MIDDLE F. LAST SZARKOWICZ
2 SEX: MALE ☐ FEMALE ☒
3A DATE OF DEATH: MONTH Jun DAY 24 YEAR 1983
3B HOUR 1:15A M
4 AGE 60 YEARS
IF UNDER 1 YEAR: MONTHS | DAYS
IF UNDER 1 DAY: HOURS | MINUTES
5 DECEDENT BORN: MONTH Oct DAY 22 YEAR 1922
6 VETERAN OF U.S. ARMED FORCES? NO ☒ YES ☐ IF YES SPECIFY WAR OR DATES OF SERVICE
7 SOCIAL SECURITY NUMBER 475-18-4396
8A COUNTY OF DEATH 83 Madison
8B LOCALITY (CHECK ONE AND SPECIFY) ☒ CITY OF Oneida ☐ TOWN OF ☐ VILLAGE OF
8C HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE ADDRESS) City Hospital
8D IF IN HOSPITAL OR INSTITUTION (CHECK ONE) 1 ☐ DOA 2 ☐ EMERGENCY ROOM 3 ☐ OUTPATIENT 4 ☒ INPATIENT
8E IF INPATIENT ADMISSION DATE: MONTH | DAY | YEAR Jun 14 83
9 STATE OF BIRTH (COUNTRY IF NOT USA) Minn
10 CITIZEN OF WHAT COUNTRY? USA
11 MARITAL STATUS (CHECK ONE) 1 ☐ NEVER MARRIED 2 ☒ MARRIED OR SEPARATED 3 ☐ WIDOWED 4 ☐ DIVORCED
12 SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME) Edward Szarkowicz, Sr.
13 RACE: WHITE, BLACK, AMERICAN INDIAN, OTHER (SPECIFY) white
14 OF SPANISH ORIGIN? (IF YES CHECK ONE) 1 ☐ MEXICAN 2 ☐ PUERTO RICAN 3 ☐ CUBAN 4 ☐ CENTRAL OR SOUTH AMERICAN ☐ YES ☒ NO 9 ☐ OTHER SPANISH ORIGIN (SPECIFY)
15 EDUCATION (INDICATE HIGHEST GRADE COMPLETED ONLY) ELEMENTARY 0 1 2 3 4 5 6 7 8 (00 01 02 03 04 05 06 07 08) HIGH SCHOOL 1 2 3 4 (09 10 11 12) COLLEGE 1 2 3 4 5+ (13 14 15 16 17) ☒ 12
16A USUAL OCCUPATION (DO NOT ENTER RETIRED) radio dispatcher
16B KIND OF BUSINESS OR INDUSTRY trucking
16C NAME AND LOCALITY OF FIRM OR COMPANY American Transit Line 32 Calumet, Hammond, Ind. 4632

RESIDENCE

USUAL RESIDENCE WHERE DECEDENT LIVED.

17A STATE Indiana
17B COUNTY Lake
17C LOCALITY (CHECK ONE AND SPECIFY) ☒ CITY OF Hammond ☐ TOWN OF ☐ VILLAGE OF
17E IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? YES ☒ NO ☐ IF NO, SPECIFY TOWN:
17D STREET AND NUMBER OF RESIDENCE (INCLUDE ZIP CODE) 7125 Montana Ave 46323

PERSONAL

18A NAME OF FATHER FIRST Adam MIDDLE LAST Roguski
18B MAIDEN NAME OF MOTHER FIRST Mary MIDDLE LAST Sterly
19A NAME OF INFORMANT Mrs. Carol Beaumont
19B MAILING ADDRESS (INCLUDE ZIP CODE) RD #2, Box 37, Fromey Rd. Canastota NY 13032

DISPOSITION

20A BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION (SPECIFY) Burial
MONTH Jun DAY 27 YEAR 83
20B PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION Holy Cross Cemetery
20C LOCATION (CITY OR TOWN, STATE) Calumet City, Ill
21A NAME AND ADDRESS OF FUNERAL HOME J. Homer Ball Funeral Home, Inc. 201 James Street Canastota, NY 13032
21B REGISTRATION NO 00098
22A NAME OF FUNERAL DIRECTOR Larry S. Ball
22B SIGNATURE OF FUNERAL DIRECTOR Larry S. Ball
22C REGISTRATION NO 07733
23A SIGNATURE OF REGISTRAR Grace Perretta
23B DATE FILED MONTH DAY YEAR June 24 83
24A BURIAL OR REMOVAL PERMIT ISSUED BY Grace Perretta
24B MONTH DAY YEAR June 24 83

CERTIFIER

TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY

25 A TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED
SIGNATURE George Kinsella MD
MONTH 6 DAY 24 YEAR 83
B. THE PHYSICIAN ATTENDED THE DECEASED FROM: MONTH 6 DAY 14 YEAR 83 TO: MONTH 6 DAY 24 YEAR 83
C LAST SEEN ALIVE MONTH 6 DAY 24 YEAR 83
D NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER

—OR—

TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY

25 A ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED ☐ CORONER ☐ CORONER'S PHYSICIAN ☐ MEDICAL EXAMINER
SIGNATURE AND TITLE
B PRONOUNCED DEAD ON MONTH DAY YEAR AT HOUR M
C HOUR
D DATE SIGNED MONTH DAY YEAR
E SIGNATURE OF CORONER OR CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER

26 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR) George R. Kinsella MD 301 Genesee - Oneida NY 13421

CAUSE

27 DEATH WAS CAUSED BY — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I IMMEDIATE CAUSE
(A) Massive Cerebral Vascular Accident — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO, OR AS A CONSEQUENCE OF
(B) Hypertensive Cardiovascular Disease — 10 years
DUE TO, OR AS A CONSEQUENCE OF
(C)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

28A AUTOPSY? YES ☐ NO ☐
28B IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO
29 WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? 1 ☐ YES 2 ☐ NO

30A SPECIFY IF ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, PENDING INVESTIGATION
30B DATE OF INJURY MONTH | DAY | YEAR
30C HOUR OF INJURY
30D DESCRIBE HOW INJURY OCCURRED
30E INJURY AT WORK? YES ☐ NO ☐
30F PLACE OF INJURY (HOME, FACTORY, OFFICE BLDG., ETC.)
30G LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)

NCHS
OR
QS
QCOD

This is a true copy of the certified copy death certificate which is on file at the J. Homer Ball Funeral Home, Inc., 201 James Street, Canastota, N.Y.
Signed: J. Homer Ball

I hereby certify this record to be a true and accurate copy of the original.
GRACE PERRETTA, City Clerk 165
Grace Perretta
6-24-83