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

718519

Local No. 555

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK — INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME (First, Middle, Last): MARY YUHAS
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): July 22, 1983
4. RACE (White, Black, American Indian, etc.) (Specify): White
5a. AGE—Last Birthday (Yrs.): 87
5b. UNDER 1 YEAR: Mos. / Days
5c. UNDER 1 DAY: Hours / Mins
6. DATE OF BIRTH (Mo., Day, Yr.): June 8, 1896
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Hammond
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): 1453 Parkview Avenue
7d. IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify): ---
8. STATE OF BIRTH (If not in U.S.A. name country): Indiana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): ---
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No
13. SOCIAL SECURITY NUMBER: 306-70-1672
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
14b. KIND OF BUSINESS OR INDUSTRY: Own Home

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: Hammond (Whiting P.O.)
15d. STREET AND NUMBER: 1453 Parkview Avenue
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (Specify Yes or No): Yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16. FATHER—NAME (First, Middle, Last): Michael Drevyanko
17. MOTHER—MAIDEN NAME (First, Middle, Last): Anna Hudar
18a. INFORMANT—NAME (Type or print): Clara Yuhas, daughter
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 1453 Parkview Avenue, Whiting, Indiana 46394

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: St. John Cemetery
19c. LOCATION (City or Town, State): Hammond, Indiana 46394
20a. DATE (Month, Day, Year): July 25, 1983
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Baran & Son, Inc., 1235-119th St., Whiting, Ind.

M.D. OR D.O.

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a. (Signature): [signature]
21b. DATE SIGNED (Mo., Day, Yr.): July 22, 1983
21c. HOUR OF DEATH: 11:05 AM
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): Robert S. Smoltz, M.D.
21e. MAILING ADDRESS—PHYSICIAN: 110 Ridge Road, Munster, Indiana 46321
22a. HEALTH OFFICER—SIGNATURE: [signature] M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICE: JUL 22 1983

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

CAUSE

23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b) and (c)) — Interval between onset and death

PART I
(a) Cardiopulmonary Arrest — —
DUE TO, OR AS A CONSEQUENCE OF
(b) Acute Myocardial Infarction — —
DUE TO, OR AS A CONSEQUENCE OF
(c) Arteriosclerotic Heart Disease — 10 yr.

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)
Metastatic Carcinoma of Breast

24. AUTOPSY (Specify Yes or No): No

SBH 06-003
REV. 10/77 State Form 35430

THIS CERTIFIES THE ABOVE IS A TRUE AND COPY OF THE CERTIFICATE OF DEATH FILED WITH THE INDIANA STATE HEALTH DEPT.

Date Issued JUL 22 1983

#3 SHAMROCK HEALTH COMMISSIONER

LICENSE No. 4074

FUNERAL DIRECTOR'S LICENSE No. 702

EMBALMER'S NAME Martin Gabor

FUNERAL DIRECTOR'S SIGNATURE [signature]

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

FILED JUL 22 1983 AUDITOR LAKE COUNTY

Franklin Schmuda M.D.

Franklin Schmuda M.D.

Franklin Schmuda M.D.

FUNERAL HOME

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD JUL 29 11 05 AM 1983 WILLIAM BIELSKI JR. RECORDER

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