

TYPE OF DEATH  
FLAKEY TYPE

1852-cc  
62-0848

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

Rebecca Belmont  
7447 West 10th  
Nanmond

**FILED**  
PERMANENT RECORD

Garret City, Ind. #43  
L. 13, 21  
Auditor Lake County  
Anthony S. Rendina  
1040  
FUNDAL DIRECTOR'S LICENSE No. 242

1. PLACE OF DEATH a. COUNTY <b>Lake</b>		7. USUAL RESIDENCE (Where deceased lived 10 years preceding death) a. STATE <b>Indiana</b>	
b. CITY, TOWN, OR LOCATION <b>Gary</b>		b. COUNTY <b>Lake</b>	
2. NAME OF HOSPITAL OR INSTITUTION <b>Methodist Hospital</b>		c. LENGTH OF ILLNESS <b>40 yrs</b>	
3. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		d. STREET ADDRESS <b>555 Calhoun</b>	
4. NAME OF DECEASED (Type or print) <b>Frank Kalciok</b>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
5. SEX <b>Male</b>		f. DATE OF DEATH <b>June 27, 1962</b>	
6. COLOR OR RACE <b>CAU</b>		g. DATE OF BIRTH <b>3-14-1874</b>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		h. AGE (In years, month, day) <b>88 yrs</b>	
8. DATE OF BIRTH <b>3-14-1874</b>		i. UNDER 1 YEAR Months Days Hours Min.	
9. AGE (In years, month, day) <b>88 yrs</b>		j. UNDER 28 HRS Hours Min.	
10a. Usual occupation (Give kind of work done during most of working life, even if retired) <b>Ericklayer</b>		11. BIRTHPLACE (State or foreign country) <b>Trieste, Italy</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Steel</b>		12. COUNTRY OF BIRTH <b>U. S. A.</b>	
13. FATHER'S NAME <b>Unknown</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no, or unknown; if yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>317-09-7510</b>	
17a. INFORMANT'S NAME <b>Max Kalciok</b>		17b. RELATIONSHIP TO DECEASED <b>Son</b>	
18. INFORMANT'S ADDRESS <b>555 Calhoun St.</b>		19. CAUSE OF DEATH (Enter only one cause per line; (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b> DUE TO (b) <b>Atherosclerotic Heart Disease</b> DUE TO (c) <b>Senile Arteriosclerosis Sclerotic</b>	
MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>2 hrs</b> <b>2 hrs</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		21. HEALTH OFFICER'S CERTIFICATE I certify that I attended the deceased from <b>6-26-62</b> and last saw him alive on <b>6-27-62</b> . Death occurred at <b>12:50 A</b> M (C.B.T.) on the date stated above; and to the best of my knowledge, from the cause stated.	
20b. TIME OF INJURY Hour Month Day Year p. m.		22. I certify that I investigated cause of death of deceased and find that death occurred at (C.B.T.) from cause stated and on above date.	
20c. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23. ADDRESS <b>2165 W. 11th Ave Gary Ind</b>	
20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		24. DATE SIGNED <b>6-27-62</b>	
20e. CITY, TOWN, OR LOCATION <b>GARY</b>		25. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>	
20f. STATE <b>INDIANA</b>		26. LOCATION <b>Gary, Indiana</b>	
21. ATTENDING PHYSICIAN: I certify that I attended the deceased from <b>6-26-62</b> and last saw him alive on <b>6-27-62</b> . Death occurred at <b>12:50 A</b> M (C.B.T.) on the date stated above; and to the best of my knowledge, from the cause stated.		27. FUNERAL HOME INFORMATION: 24b. DATE <b>June 30, 1962</b>	
28. SIGNATURE OF HEALTH OFFICER <b>J. J. Dineen M.D.</b>		29. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>	
29. SIGNATURE OF FUNERAL DIRECTOR <b>Rendina Funeral Home</b>		30. LOCATION <b>Gary, Indiana</b>	
31. DATE, RECEIVED BY LOCAL HEALTH OFFICER <b>JUN 28 1962</b>		32. ADDRESS <b>456 Clark Rd</b>	

Disposition Form  
Provisional Certificate  
 Yes  No

100000



*James T. Hollander, M.D.*  
CERTIFIED COPY  
HEALTH COMMISSIONER  
CITY OF GAITHERSBURG, M.D.  
DATE 5/31/1983