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UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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PC
718528

Local No. 82 0884

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Rebecca Delgoff
7447 Maple Blvd.
Hammond 46385

State No. _____

67957

FILED

1040 JUL 29 1983
 FUNERAL HOME
 FUNERAL DIRECTOR'S LICENSE No. 2101
 EMBALMER'S NAME Anthony S. Rendina Jr.
 FUNERAL DIRECTOR'S SIGNATURE *Anthony S. Rendina Jr.*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

IF DECEASED LIVED IN INSTITUTION GIVE RESIDENT BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH MAY BE IMMEDIATE CAUSE STABILIZING UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME 1 STELLA KALCICH		SEX 2 FEMALE		DATE OF DEATH (MONTH DAY YEAR) 3 DECEMBER 30, 1982	
HAIR - (e.g. White, Black, American Indian, etc.) 4 Cau		AGE - (In months, days, hours, minutes) 5a 66		DATE OF BIRTH (Mo. Day, Yr.) 6 June 1, 1916	
CITY, TOWN OR LOCATION OF DEATH 7a Gary		HOSPITAL OR OTHER INSTITUTION - (Name of hospital, give street and number) 7b 555 Calhoun St.		IF HOSP OR INST (Specify) 7c N/A	
STATE OF BIRTH (Name of U.S. State) 8 Indiana		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	
SOCIAL SECURITY NUMBER 13 319-09-5944		USUAL OCCUPATION (If no kind of work during last 12 months specify) 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b _____	
RESIDENCE - STATE 15a Ind.		COUNTY 15b Lake		CITY, TOWN OR LOCATION 15c Gary	
STREET AND NUMBER 15d 555 Calhoun St.		IS RESIDENT ON A FARM? 15e NO		INSIDE CITY LIMITS (Specify Yes or No) 15f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g NO					
FATHER - NAME FIRST MIDDLE LAST 16 Alex Skoczewski			MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Alice Piszczatowski		
INFORMANT - NAME (State or print) 18a Max Kalcich		RELATIONSHIP 18b Husband		MAILING ADDRESS - STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18c 555 Calhoun St. Gary, Indiana 46406	
BURIAL, CREMATION, REMOVAL (State or print) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Mt. Mercy Cemetery		LOCATION - CITY OR TOWN STATE 19c Gary, Indiana	
DATE (MONTH DAY YEAR) 20a Jan. 3, 1983		FUNERAL HOME - NAME AND ADDRESS 20b Rendina Funeral Home, 5100 Cleveland St. Gary, Ind. 46404		SHEET OR R.F.D. NO. CITY OR TOWN STATE ZIP 20c _____	
To the best of my knowledge, death occurred at the home and place of residence stated. 21a (Signature) <i>[Signature]</i> M.D.		DATE SIGNED (Mo. Day Yr.) 21b 1/3/83		HOUR OF DEATH 21c 5:30 pm	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. B.M. Palmer		MAILING ADDRESS - PHYSICIAN 21e P.O. Box 1278 Hammond Indiana 46320		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b Jan. 4, 1983	
HEALTH OFFICER - SIGNATURE 22a <i>[Signature]</i>		22c _____		22d _____	
PART I (IMMEDIATE CAUSE) (If more than one cause, list all) 23 (a) Cognitive Failure DUE TO CRASH (Specify) (b) Coronary Thrombosis DUE TO (Specify) (c) Diabetic Mellitus		PART II (OTHER SIGNIFICANT CONDITIONS) (Specify any contributing to death but not stated in cause given in PART I) 24 _____		INTERVAL BETWEEN ONSET AND DEATH 25 _____	

JUL 29 1983
 WILLIAM SIELSKI JR.
 COUNTY CLERK
 OF INDIANA

Gary City Ind.
 # 43-84-13

10/16/83
 400

85817

E. N. Caldwell, M.D.
CERTIFIED COPY

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE Jan. 4, 1953