[redacted]

HO [redacted] 0004299-00

The Lomas and Nettleton Company
17924 S Halsted St:
Homewood, Ill 60430

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

Below for State Office Use

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Local No. 1175-82

# INDIANA STATE BOARD OF HEALTH
# MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED UP 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

| | | | |
|---|---|---|---|
| 1 DECEASED—NAME (Dominic) | FIRST: DONALD | MIDDLE: A. | LAST: KULPA |
| 2 SEX: MALE | 3 DATE OF DEATH (MONTH DAY YEAR): JULY 28, 1982 | | |
| 4 RACE—(e.g. 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.): NOV.19, 1895 | 7a COUNTY OF DEATH: LAKE | | |
| 7b CITY, TOWN OR LOCATION OF DEATH: MUNSTER | 7c HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): COMMUNITY HOSPITAL | 7d IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify): INPATIENT | |
| 8 STATE OF BIRTH (If not in U.S.A. name country): Poland | 9 CITIZEN OF WHAT COUNTRY: U.S.A. | 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 11 SURVIVING SPOUSE (If wife, give maiden name): None |
| 12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No | | | |
| 13 SOCIAL SECURITY NUMBER: 306-01-8202 | 14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 14b KIND OF BUSINESS OR INDUSTRY: Atlantic Richfield Company | |
| 15a RESIDENCE—STATE: INDIANA | 15b COUNTY: LAKE | 15c CITY, TOWN OR LOCATION: WHITING | |
| 15d STREET AND NUMBER: 2125 LAKE AVE | 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 ☒ | | | |
| 16 FATHER—NAME: FIRST Vincent, MIDDLE, LAST Kulpa | 17 MOTHER—MAIDEN NAME: FIRST Julia, MIDDLE Unknown | | |
| 18a INFORMANT—NAME (Type or print): Mrs. Dolores Molder | RELATIONSHIP: Daughter | 18b MAILING ADDRESS: STREET OR R.F.D. NO. 6935 Knickerbocker Parkway; CITY OR TOWN: Hammond; STATE: Indiana; ZIP: | |
| 19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial | 19b CEMETERY OR CREMATORY—FUNERAL HOME: Holy Cross Cemetery | 19c LOCATION: CITY OR TOWN: Calumet City; STATE: Illinois | |
| 20a DATE (MONTH, DAY, YEAR): July 31, 1982 | 20b FUNERAL HOME—NAME AND ADDRESS: RUZICH FUNERAL HOME | (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 2031 Indianapolis Boulevard Whiting, Indiana 46394 | |
| 21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature): [signature] MD | 21b DATE SIGNED (Mo., Day, Yr.): 7/28/82 | 21c HOUR OF DEATH: 1:15 A. M. 7/28/82 | |
| 21d NAME OF ATTENDING PHYSICIAN (Type or Print): FELICIANO F. JIMENEZ, M.D. | | | |
| 21e MAILING ADDRESS—PHYSICIAN: 800 MAC ARTHUR BLVD. MUNSTER, IND. 46321 | | | |
| 22a HEALTH OFFICER—SIGNATURE: [signature] M.D. | 22b DATE RECEIVED BY LOCAL HEALTH OFFICER: 7-29-82 | | |

23 PART I (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)) — IMMEDIATE CAUSE

(a) Cardio-Respiratory failure — Interval between onset and death

DUE TO OR AS A CONSEQUENCE OF

(b) Arterio-sclerotic Heart Disease w/ failure — Interval between onset and death

DUE TO OR AS A CONSEQUENCE OF

(c) Generalized arterio-sclerosis — Interval between onset and death

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

AUTOPSY (Specify Yes or No): NO 24

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

FUNERAL HOME No. 727

LICENSE No. 864

FUNERAL DIRECTOR'S LICENSE No. 1323

MIDITON LAKE COUNTY

LAKE COUNTY HEALTH COMMISSIONER

EMBALMER'S NAME DAVID W. RUZICH

FUNERAL DIRECTOR'S SIGNATURE [signature]

JUL 29 1982

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

4-0004299-00

HO2073-4 ID

1296

Lot 30, Block 4, Lake Addition, Hammond, PB 17/6

#34-243-31

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION