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THIS IS A
PERMANENT
RECORD

FILED

Below for State Office Use

mid-Western Bell Telephone Co. is now all
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EMBALMER'S NAME Anthony S. Rendina Jr. MAR 4 1983 1040

FUNERAL DIRECTOR'S SIGNATURE *Anthony S. Rendina Jr.*

FUNERAL DIRECTOR'S LICENSE NO. 2124

FUNERAL HOME 1983

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

CAUSE

DISPOSITION

PATIENTS

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

DECEASED

DECEASED

DECEASED

732102

35D-83

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

LAWYERS TITLE INS. CORP.
7895 BROADWAY
MERRILLVILLE, IND. 46410
No. 35679

DECEASED—NAME FIRST Anna MIDDLE Kuzemka LAST		SEX Female	DATE OF DEATH (MONTH DAY YEAR) Feb. 28, 1983
1 RACE (e.g. White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday (Yr. M. D.) 4a Call 8a 80	UNDEFERRED YEAR 4b MINS 5b	UNDER 1 DAY 4c HOURS 5c MINS
CITY, TOWN OR LOCATION OF DEATH 7b Crown Point		HOSPITAL OR OTHER INSTITUTION—Name (if not in other gross street and number) 7c St. Anthony's Hospital	IF HOSP OR INST. Indicate DOA (Specify) 7d Inpatient
STATE OF BIRTH (if not in U.S.A. name country) 8 Czechoslovakia	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (if wife give maiden name) 11 Mike Kuzemka
SOCIAL SECURITY NUMBER 13 315-52-7255	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b	
RESIDENCE—STATE 15a Ind.	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Calumet Township	
STREET AND NUMBER 15d 4430 Ellsworth Place		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY CITY OR TOWN) 15f NO
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 FIRST Mike MIDDLE Garich LAST		MOTHER—MAIDEN NAME 17 FIRST Anna MIDDLE LAST	
INFORMANT—NAME (Type or print) 18a Mike Kuzemka		MAILING ADDRESS 18b 4430 Ellsworth Place Gary, Indiana 46408	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b St. Nicholas Cemetery	
DATE (MONTH DAY YEAR) 20a March 3, 1983		LOCATION 19c Hammond, Ind.	
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b Rendina Funeral Home, 5100 Cleveland St. Gary, Ind. 46408			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a (Signature) <i>Ray E. Draga</i>		DATE SIGNED (Mo., Day, Yr.) 21b 3/2/83	HOUR OF DEATH 21c 2:00 AM
NAME OF ATTENDING PHYSICIAN (Type or print) 21d Ray E. Draga, M.D.			
MAILING ADDRESS—PHYSICIAN 21e 8127 Merrillville Road, Merrillville, Indiana 46410			
HEALTH OFFICER—SIGNATURE 22a <i>Paul J. ... M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 3-4-83	
IMMEDIATE CAUSE 23 (a) Cryptococcal meningitis		Interval between onset and death 2 weeks	
(b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1(a) 24 Chronic Lymphocytic Leukemia		AUTOPSY (Specify Yes or No) 24	

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