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

Below for State Office Use

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Unit 12 Key # 14-124-8
Schilling's 6th Add. to Dyer Alt Lot 8

FILED CERTIFIED THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE FILE THE LAKE COUNTY LICENSE No. 1212 PT.

EMBALMER'S NAME Edward F. Millers

FUNERAL DIRECTOR'S SIGNATURE Edward F. Millers

FUNERAL DIRECTOR'S LICENSE No. 1791

FUNERAL HOME No. 150

NOV 30 1982

Peter Leccy M.D.

LAKE COUNTY HEALTH COMMISSION

732183

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 1914-82

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

DECEASED—NAME (FIRST / MIDDLE / LAST): 1. CARRIE I KUCZYNSKI

SEX: 2. FEMALE

DATE OF DEATH (MONTH, DAY, YEAR): 3. NOV. 27, 1982

RACE—(e.g. White, Black, American Indian, etc.) (Specify): 4. WHITE

AGE—Last Birthday (Yrs.): 5a. 65

UNDER 1 YEAR: MOS 5b / DAYS

UNDER 1 DAY: HOURS 5c / MINS

DATE OF BIRTH (Mo., Day, Yr.): 6. MARCH 14, 1917

COUNTY OF DEATH: 7a. LAKE

CITY, TOWN OR LOCATION OF DEATH: 7b. DYER

HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): 7c. OUR LADY OF MERCY HOSP.

IF HOSP. OR INST. indicate DOA, OP/Emer. Rm., Inpatient (Specify): 7d. INPATIENT

STATE OF BIRTH (If not in U.S.A. name country): 8. ILL.

CITIZEN OF WHAT COUNTRY: 9. U.S.A.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 10. MARRIED

SURVIVING SPOUSE (If wife, give maiden name): 11. HENRY KUCZYNSKI

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): 12. NO

SOCIAL SECURITY NUMBER: 13. 320-12-9710

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 14a. HOUSEWIFE

KIND OF BUSINESS OR INDUSTRY: 14b. OWN HOME

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

RESIDENCE—STATE: 15a. IND.

COUNTY: 15b. LAKE

CITY, TOWN OR LOCATION: 15c. DYER

STREET AND NUMBER: 15d. 2620 JAMES DR

IS RESIDENCE ON A FARM? 15e. YES ☐ NO ☒

INSIDE CITY LIMITS (SPECIFY YES OR NO): 15f. YES

IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES ☐ NO ☒

PARENTS

FATHER—NAME (FIRST / MIDDLE / LAST): 16. THOMAS MILEWSKI (HUSBAND)

MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST): 17. STANISLAWA WAWRZYNIAK

INFORMANT—NAME (Type or print): 18a. HENRY KUCZYNSKI

MAILING ADDRESS (STREET OR R.F.D. NO.): 18b. 2620 JAMES DR.

CITY OR TOWN: DYER

STATE: IND.

ZIP: 46311

DISPOSITION

BURIAL, CREMATION, REMOVAL, OTHER (Specify): 19a. BURIAL

CEMETERY OR CREMATORY—FUNERAL HOME: 19b. HOLY CROSS CEMETERY

LOCATION (CITY OR TOWN, STATE): 19c. CALUMET CITY, ILL.

DATE: 20a. NOV. 30, 1982

FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 20b. FAGEN-MILLER FUNERAL GARDENS INC. 1920 HART ST. DYER IND. 46311

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) Conrado P. Castor

DATE SIGNED (Mo., Day, Yr.): 21b. 11/29/82

HOUR OF DEATH: 21c. 7 P.M.

NAME OF ATTENDING PHYSICIAN (Type or Print): 21d. CONRADO P. CASTOR, M.D.

MAILING ADDRESS—PHYSICIAN: 21e. 9250 Columbia Ave. Munster IN 46321

HEALTH OFFICER'S SIGNATURE: 22a. Peter Leccy M.D.

DATE RECEIVED BY LOCAL HEALTH OFFICER: 22b. 11-30-82

CONDITIONS

CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)): (a) Respiratory Arrest — Interval between onset and death: 1 hr

DUE TO OR AS A CONSEQUENCE OF: (b) Pulmonary Embolism — Interval between onset and death: Minutes

DUE TO OR AS A CONSEQUENCE OF: (c) Hypertensive Cardiovascular Disease — Interval between onset and death:

OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a): Carcinoma of colon, Diabetes mellitus

AUTOPSY (Specify Yes or No): 24. NO

FILED NOV 2 1983

Lucie O. Trinter

AUDITOR LAKE COUNTY

SBH 06-063 REV. 10/77 State Form 35430

103