

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

JAN 13 1984

2256

William K. Wilson License No. 2-1993

EMBALMER'S NAME

FUNERAL HOME
306
LAKE COUNTY

FUNERAL DIRECTOR'S
LICENSE No. 2012

FUNERAL DIRECTOR'S
SIGNATURE

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

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

CAUSE

741216

Local No. 2061-83

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State
No.

DECEASED—NAME 1. Joseph Bielak			SEX 2. Male		DATE OF DEATH (MONTH, DAY, YEAR) 3. December 10, 1983	
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White		AGE—Last Birthday (Yrs) 5a. 59		DATE OF BIRTH (Mo., Day, Yr.) 6. July 13, 1924		COUNTY OF DEATH 7a. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Hobart			HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) 7c. 846 Lincoln Street			IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify) 7d. N/A
STATE OF BIRTH (If not in U.S.A. name country) 8. Indiana		CITIZEN OF WHAT COUNTRY 9. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married		SURVIVING SPOUSE (If wife, give maiden name) 11. Winona Goodwin
SOCIAL SECURITY NUMBER 13. 309-22-8009			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Welder		KIND OF BUSINESS OR INDUSTRY 14b. U.S. Steel Corporation	
RESIDENCE—STATE 15a. IN		COUNTY 15b. Lake		CITY, TOWN OR LOCATION 15c. Hobart		
STREET AND NUMBER 15d. 846 Lincoln Street			IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. Yes	
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. Stanislav Bielak, (dec.)			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mary Bilgarayska (dec.)			
INFORMANT—NAME (Type of Informant) 18a. Winona Bielak, Wife		RELATIONSHIP		MAILING ADDRESS 18b. 846 Lincoln Street, Hobart, Indiana 46342		CITY OR TOWN STATE ZIP
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Graceland Cemetery		LOCATION 19c. Valparaiso, Indiana		
DATE (MONTH, DAY, YEAR) 20a. December 14, 1983		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Rees Funeral Home, Inc., 600 W. Ridge Rd. Hobart, IN				
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) Henry S. Lebioda, M.D.			DATE SIGNED (Mo., Day, Yr.) 21b. Dec. 12, 1983		HOUR OF DEATH 21c. 7:40 P.M.	
NAME OF ATTENDING PHYSICIAN (Type of Informant) 21d. Henry Lebioda, M.D.						
MAILING ADDRESS—PHYSICIAN 21e. 5490 Broadway, Merrillville, Indiana 46410						
HEALTH OFFICER—SIGNATURE 22a. Peers J. J. N.O.					DATE RECEIVED BY LOCAL HEALTH OFFICE 22b. 12-12-83	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) cardiac arrest. DUE TO, OR AS A CONSEQUENCE OF (b) Hypertension, moderate severe DUE TO OR AS A CONSEQUENCE OF (c) COULD						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b), or (c) 24. No						

3-11-83
J.P.C.

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THIS IS A TRUE AND CORRECT COPY OF THE COMPLETE COPY OF THE DEATH CERTIFICATE WITH THE LAKE COUNTY HEALTH DEPT.

STANISLAV BIELAK
M.D.
JAN 13 1984
55 N.W. 10th St.
MERRILLVILLE, IN
46410

Handwritten signature