

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

Below for State Office Use

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EMBALMER'S NAME James J. Krause

FUNERAL DIRECTOR'S SIGNATURE *Walter J. Krause*

LICENSE No. 646

FUNERAL DIRECTOR'S LICENSE No. 2012

FUNERAL HOME No. 306

767644

Local No. 1365-84

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

M.D. OR D.O.

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

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

*Patricia A. Rees*  
600 W. Ridge Rd  
Hobart IN  
State No.

222000

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
1		JOHN		ORLOSKY	2 Male	3 July 16, 1984
RACE - (e.g. White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs.)	UNDER 1 YEAR		DATE OF BIRTH (Mo. Day Yr.)	COUNTY OF DEATH	
4 White	5a 75	5b	5c	6 Jan. 26, 1909	7a Lake	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION - (Name, if not in either, give street and number)		IF HOSP. OR INST. Indicate DOA (OP Emer. Rm. Inpatient) (Specify)	
7b Hobart			7c St. Mary's Medical Center		7d Inpatient	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Pennsylvania	9 U.S.A.		10 Married	11 Mary Royko		12 Yes
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY	
13 172-18-0733			14a Fitter's Helper		14b American Bridge Company	
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION			
15a IN		15b Lake	15c Hobart			
STREET AND NUMBER				IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)
15d 48 North Wilson Street				15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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			MOTHER—MAIDEN NAME			
16 Joseph Orlosky, (dec.)			17 Sue Lakot (dec.)			
INFORMANT—NAME (Type or print)		RELATIONSHIP	MAILING ADDRESS		CITY OR TOWN	
18a Mary Orlosky,		18b Wife	48 North Wilson Street, Hobart, Indiana, 46342		STATE	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION	
19a Burial			19b Calvary Cemetery		19c Portage, Indiana	
DATE (MONTH DAY YEAR)			FUNERAL HOME—NAME AND ADDRESS		CITY OR TOWN STATE	
20a July 19, 1984			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 causes stated				DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH
21a <i>Malvinder Singh</i>				21b 7/24/84		21c 5:40 p. M
NAME OF ATTENDING PHYSICIAN (Type or Print)						
21d Malvinder Sinch, M.D.						
MAILING ADDRESS—PHYSICIAN						
21e 8500 Broadway, Merrillville, Indiana 46410						
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a <i>Paul Johnson</i>				22b 7-24-84		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))						
PART I (a) Cardogenic Shock						
DUE TO OR AS A CONSEQUENCE OF						
(b) Left ventricular Aneurysm						
DUE TO OR AS A CONSEQUENCE OF						
(c)						
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)						
24 No						

FILED

AUG 6 1984

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