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FILED
FURNERAL HOME
ADJUTANT
289
1984

FUNERAL DIRECTOR'S
LICENSE No. 8149
EMBALMER'S NAME
Mary Solan
FUNERAL DIRECTOR'S
SIGNATURE
Mary Solan

771261-180-1

CHICAGO TITLE INSURANCE COMPANY

INDIANA DIVISION
Local No. *None*

charged: Vincent Monwella
Rodenburg & Monwella
3446 Ridge Rd. Lansing Ill. 60438

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 02

| | | | | | | | |
|---|---|--|---|---|--|--|------------------------------------|
| DECEASED—NAME FIRST MIDDLE LAST Katherine Hubler | | | | SEX Female | DATE OF DEATH (MONTH DAY YEAR) Apr. 23, 1984 | | |
| 1 RACE—(a) White, Black, American Indian, etc. (Specify) | 4. White | AGE—Last Birthday (Yrs) | 5a. 65 | UNDER 1 YEAR MOS DAYS | UNDER 1 DAY HOURS MINS | DATE OF BIRTH (Mo. Day Yr.) 6 Junell, 1918 | COUNTY OF DEATH 7a. Lake |
| CITY, TOWN OR LOCATION OF DEATH 7b. East Chicago | | | HOSPITAL OR OTHER INSTITUTION—Name (if not in index, give street and number) 7c. St. Catherine Hospital | | IF HOSP. OR INST. Indicate DCA, OP, Emer. Rm., Inpatient (Specify) 7d. Inpatient | | |
| STATE OF BIRTH (If not in U.S.A. name country) 8 Indiana | CITIZEN OF WHAT COUNTRY 9 USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Divorced | SURVIVING SPOUSE (If wife, give maiden name) 11 None | | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 no | | |
| SOCIAL SECURITY NUMBER 13 314-01-7762 | | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Registered Nurse | | KIND OF BUSINESS OR INDUSTRY 14b Hammond Clinic | | | |
| RESIDENCE—STATE 15a. Indiana | COUNTY 15b. Lake | CITY, TOWN OR LOCATION 15c. Hammond | | IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| STREET AND NUMBER 15d. 6130 Van Buren Avenue | | | 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 FIRST MIDDLE LAST 16 Michael Kuchaes | | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 Helen Paraszador | | | | |
| INFORMANT—NAME (Type or print) 18a. Eleanor Fischer-Sister | | RELATIONSHIP 18b. Sister | MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 2303 E. Holiday Ct., Lansing, Ill. 60438 | | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial | | CEMETERY OR CREMATORY—FURNERAL HOME 19b. St. John Cemetery | | LOCATION CITY OR TOWN STATE ZIP Hammond Ind. | | | |
| DATE (MONTH DAY YEAR) 20a. Apr. 24, 1984 | | FURNERAL HOME—NAME AND ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 20b. Solan Funeral Home, 7100 Calumet Ave., Hammond, Ind. | | STATE OF INDIANA / S.S. NO. FILED IN COUNTY RECORD 4667 MAY 15 1984 MUNSTER, INDIANA | | | |
| To the best of my knowledge, death occurred at the time, date, and place indicated due to the cause(s) stated 21a. (Signature) <i>Elliott H. Stokar</i> | | | DATE SIGNED (Mo. Day Yr.) 21b. Apr. 24, 1984 | HOUR OF DEATH 21c. 4:05 PM '84 | | | |
| NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Elliott H. Stokar, M. D. | | | MAILING ADDRESS—PHYSICIAN 21e. 9108 Columbia Ave., Munster, Indiana 46321 | | | | |
| HEALTH OFFICER—SIGNATURE 22a. C. A. Campaigne M.D. | | | DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 4-25-84 | | | | |
| IMMEDIATE CAUSE PART I CARDIO PULMONARY ARREST | | | Interval between onset and death | | | | |
| DUE TO OR AS A CONSEQUENCE OF 23a. METASTATIC ADENOCARCINOMA | | | Interval between onset and death | | | | |
| DUE TO OR AS A CONSEQUENCE OF 23b. | | | Interval between onset and death | | | | |
| OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II | | | AUTOPSY (Specify Yes or No) 24 yes | | | | |

Key # 33-152-15

C. J. W.