

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

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
K _____
L _____
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____
9 _____
10 _____
11 _____
12 _____

Plumman's Ad.
hto. 5-1-58
#35-140-54

784601

Local No. 7082-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

FUNERAL HOME
No. 283

LICENSE No. 1191

FUNERAL DIRECTOR'S
LICENSE No. 2269

EMBALMER'S NAME
Keith D. Anthony

FUNERAL DIRECTOR'S
SIGNATURE
Keith D. Anthony

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

DECEASED—NAME 1 FIRST MIDDLE LAST JOSEPH M. PYKOSZ			SEX MALE	DATE OF DEATH—MONTH DAY YEAR 3 NOV. 3, 1984	
RACE— 4 White	AGE— 5a 76	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH—MONTH DAY YEAR 6 2/23/08	COUNTY OF DEATH 7a LAKE
CITY, TOWN OR LOCATION OF DEATH 7b MUNSTER		HOSPITAL OR OTHER INSTITUTION— 7c COMMUNITY HOSPITAL		7d INPATIENT	
STATE OF BIRTH— 8 Michigan	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED 10 Married	SURVIVING SPOUSE— 11 Frances Kraska	12	
SOCIAL SECURITY NUMBER 13 306 10 5242		USUAL OCCUPATION 14a Mechanic	KIND OF BUSINESS OR INDUSTRY 14b Car Shop		
RESIDENCE—STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c HAMMOND		15d	
STREET AND NUMBER 15d 4333 HOHMAN AVE.			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 Michael		MOTHER—M A D E N NAME 17 Magdalene			
INFORMANT—NAME 18a Frances Pykosz - Wife		RELATIONSHIP Wife	MAILING ADDRESS 18b 4333 Hohman Avenue, Hammond, Indiana 46327		
BURIAL, CREMATION, REMOVAL, OTHER 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Holy Cross Cemetery	LOCATION 19c Calumet City, Illinois		
DATE 20a November 7, 1984		FUNERAL HOME—NAME AND ADDRESS 20c ANTHONY & DZIADOWICZ FUNERAL HOME	4404 Cameron Avenue, Hammond, Indiana 46327		
21a Signature <i>Fred Adler</i>		DATE SIGNED 21b 11-5-84	HOUR OF DEATH 21c 6:50 P.M.		
NAME OF ATTENDING PHYSICIAN 21d FRED ADLER, M.D.		MAILING ADDRESS—PHYSICIAN 21e 800 MAC ARTHUR BLVD. MUNSTER, IND. 46321			
HEALTH OFFICER—SIGNATURE <i>Paul Johnson</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 11-5-84			
PART I 23 IMMEDIATE CAUSE a) <i>acute left vent failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>			
b) <i>cardiomegaly, conduction system</i>		INTERVAL BETWEEN ONSET AND DEATH <i>20 yrs</i>			
c) <i>chronic renal failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i>			
PART II OTHER SIGNIFICANT CONDITIONS		AUTOPSY 24 No			

STATE OF INDIANA
FILED
DEC 14 5 13 PM '84
RECORDED
SERIALIZED
STACY S. STACIAKowski

459

42 C