

TYPE OR PRINT
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PERMANENT
RECORD

Below for State Office Use

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1787727
Local No. 19-85
EMBALER'S NAME Ronald A. Reed
FUNERAL DIRECTOR'S SIGNATURE
LICENSE No. 108
FUNERAL DIRECTOR'S LICENSE No. 94
AUDITOR LAKE COUNTY
FUNERAL HOME
No. 750

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME 1 Albert T Chmiel			SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 Jan 4, 1985
RACE - (e.g. White, Black, American Indian, etc.) (Specify) 4 Caucasian	AGE - Last Birthday (Year) 5a 48	UNDER 1 YEAR 5b MONTHS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (Mo. Day, Yr.) 6 Jul 25, 1936
CITY, TOWN OR LOCATION OF DEATH 7a Crown Point		HOSPITAL OR OTHER INSTITUTION (Name, No. and other give street and number) 7c St. Anthony Hospital		IF HOSP OR INST. Indicate DOA (CP, Tumor, etc. Inpatient) (Specify) 7d Inpatient
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 her last name) 11 Marlene (Tall) Chmiel	
SOCIAL SECURITY NUMBER 13 317-32-6055		USUAL OCCUPATION (If no kind of work done during most of working life, specify) 14a	KIND OF BUSINESS OR INDUSTRY 14b Lever Brothers	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Griffith		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 1538 Woodlawn Place		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 (FIRST MIDDLE LAST) 16 Frank Chmiel		MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) 17 Anna Stankovich		
INFORMANT - NAME (Type or print) RELATIONSHIP 18a Marlene Chmiel (Spouse)		MAILING ADDRESS (STREET OR R.D. NO. CITY OR TOWN STATE ZIP) 18b 1538 Woodlawn Place Griffith, Indiana 46319		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery		LOCATION (CITY OR TOWN STATE) 19c Merrillville, Indiana
DATE (MONTH DAY YEAR) 20a 1/7/85		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.D. NO. CITY OR TOWN STATE ZIP) 20b Kuiper Funeral Home 9039 Kleinman Rd, Highland, Indiana		
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. 21b (Signature) <i>Ray E. Drasga</i>		DATE SIGNED (Mo. Day Yr.) 21b 1/4/85	HOUR OF DEATH 21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Ray E. Drasga M.D.		MAILING ADDRESS - PHYSICIAN 21e 8127 Merrillville Road, Merrillville, Indiana 46410		
HEALTH OFFICER - SIGNATURE 22a		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 1-4-85		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST 23 PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) Colon Cancer (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF		Interval between onset and death Interval between onset and death 24		
CAUSE 24		AUTOPSY (Specify Yes or No)		

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