

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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809970

Local No. 222

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 222

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

FUNERAL HOME

LAKE COUNTY

LICENSE No.

FUNERAL DIRECTOR'S

LICENSE No.

EMBALMER'S NAME

FUNERAL DIRECTOR'S

SIGNATURE

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

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

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

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		EDWARD	S.	CHECK	M	6-7-85	
RACE—(e.g. White, Black, American Indian, etc.) (Specify)	AGE—(Last Birthday) (Yrs)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Yr.)	COUNTY OF DEATH
4 WHITE	5a 62	5b	5c	5d	5e	6 MAY 20, 1923	7a LAKE
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—(Name if not in other 6-a street and number)			IF HOSP OR INST. Indicate DOA OP Emer Rm. Treatment (Specify)
7b EAST CHICAGO				7c ST. CATHERINE			7d
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If in 11 give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 IN.	9 U.S.A.		10 NEVER		11		12 WW II
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Give kind of work done during most of working life, begin 2 related)		KIND OF BUSINESS OR INDUSTRY	
13 305-20-0197				14a MACHINIST FOREMAN		14b AMOCO	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION			
15a IN.		15b LK.		15c WHITING			
STREET AND NUMBER					IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)
15d 1523 FISCHRUPP					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			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
16 STEVE					CHECK	THERESA KUNDAR	
INFORMANT—NAME (If type or print)		RELATIONSHIP		MAILING ADDRESS (Street or R.F.D. No.)		CITY OR TOWN	STATE ZIP
18a ANN KAMINSKY		18b sis.		18b 1849 PENNSYLVANIA		WHITING, IN.	46394
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION	CITY OR TOWN STATE
19a BURIAL				19b ST. JOHN CEM.		19c HAMMOND, IN.	
DATE (MONTH DAY YEAR)				FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP)			
20a JUNE 10, 1985				20b OWENS F.H. 816-119TH ST.		WHITING, IN. 46394	
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 (Signature) C. E. H. [Signature]					21b		21c June 7 2:30 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d CLEMENTINE FRANKOWSKI							
MAILING ADDRESS—PHYSICIAN							
21e 2075 INDIAN BLDG., WHITING, IN.							
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a E. A. Cass [Signature]					22b 6-8-85		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
PART I (a) Heart failure from myocardial infarction & shock							
(b) Myocardial infarction & pulmonary embolism							
(c)							
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in Part I)							
24							

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
JUL 3 1985  
RUDOLPH CLAY  
RECORDER

400