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

Below for State Office Use

844337

Local No. 364

State No. 4732

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME (First, Middle, Last): JOHN A. KUDLA
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): August 26, 1984
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify): White
5a. AGE—Last Birthday (Yrs.): 59
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Mo., Day, Yr.): 12/27/24
7a. COUNTY OF DEATH: LAKE
7b. CITY, TOWN OR LOCATION OF DEATH: East Chicago
7c. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number): 4837 Walsh St.
7d. IF HOSP. OR INST. Indicate DOA, OP, Emer Rm., Inpatient (Specify): ---
8. STATE OF BIRTH (If not in U.S.A. name country): Indiana
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Nevermarried
11. SURVIVING SPOUSE (If wife, give maiden name):
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes
13. SOCIAL SECURITY NUMBER: 305-20-0517
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Repair
14b. KIND OF BUSINESS OR INDUSTRY: General American
15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: East Chicago
15d. STREET AND NUMBER: 4837 Walsh Street
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (Specify Yes or No): Yes
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC: YES ☐ NO ☒

If death occurred in institution, see handbook regarding completion of residence items

PARENTS

16. FATHER—NAME (First, Middle, Last): Frank Kudla
17. MOTHER—MAIDEN NAME (First, Middle, Last): Anna Bozek

DISPOSITION

18a. INFORMANT—NAME, RELATIONSHIP: Edward Kudla
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 4837 Walsh, East Chicago, Indiana
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Holy Cross
19c. LOCATION (City or Town, State): Calumet City, Illinois
20a. DATE (Month, Day, Year): 8-29-84
20b. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Mysliwy Funeral Home, 4902 Reading, E.Chicago, IN. 46312

CERTIFIER

To be Completed by CORONER Only

On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated

21a. Signature ▶ Dr Daniel Thomas by W.B.
21b. DATE SIGNED (Mo., Day, Yr.): 8/27/84
21c. HOUR OF DEATH: M
21d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: 8/26/84
21e. PRONOUNCED DEAD (Hour) AT: 11:20 a.m. M

NAME AND ADDRESS OF CERTIFIER (Type or Print)

21f. DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307

22a. HEALTH OFFICER—SIGNATURE: E. A. Campagna M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 8-28-84

CAUSE

Conditions if any which gave rise to immediate cause stating the underlying cause last.

23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b) and (c).)

PART I
(a) Cardiac arrest — Interval between onset and death: Undetermined
Due to, or as a consequence of
(b) Due to severe coronary atherosclerosis; Marked — Interval between onset and death:
Due to, or as a consequence of
(c) cardiomegaly — Interval between onset and death:

PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I(a)

24. AUTOPSY (Specify Yes or No): Yes

25a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): Natural
25b. DATE OF INJURY (Mo., Day, Yr.):
25c. HOUR OF INJURY: M
25d. DESCRIBE HOW INJURY occurred:
26a. INJURY AT WORK (Specify Yes or No):
25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
25g. LOCATION (Street or R.F.D. No., City or Town, State):

EMBALMER'S NAME: Michael Mysliwy — LICENSE No. 2141

FUNERAL DIRECTOR'S SIGNATURE: Michael Mysliwy — LICENSE No. 599 — FUNERAL HOME 161 — AUDITOR'S LAKE COUNTY

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

FILED MAR 8 8 AM '85 RECORDER ULPH. CLAY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

SBH-08-004 REV. 10/77