

1194

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

 State
No.

 Local No. **89211-983-86**

 FUNERAL HOME
No. **750**

 FUNERAL DIRECTOR'S
LICENSE No. **94**

 EMBALMER'S NAME
FUNERAL DIRECTOR'S
SIGNATURE

 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

LAKE COUNTY HEALTH COMMISSION

DISPOSITION

 M.D.
OR
D.O.

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1 Daniel		Oprea, Sr.			2 Male	3 Nov. 8, 1986	
RACE—(to g. White, Black American Indian, etc.) (Specify)	AGE—Last Birthday (Yrs.)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Yr.)	
4 White	5a 73	MOS	DAYS	HOURS	MIN.	6 Mar. 7, 1913	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name if not in other part of street and number)		COUNTY OF DEATH	
7b Munster				7c The Community Hospital		7d Inpatient	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		IF HOSP OR INST indicate DOA OF Emer. Rm. Inpatient (Specify)
8 Indiana	9 U.S.A.		10 Married		11 Mary Godocik		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13 306-03-3592		14a Switchman			14b Railroad		
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION			
15a Indiana		15b Lake		15c Griffith			
STREET AND NUMBER					IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify or No)
15d 818 W. Main St.					15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME FIRST MIDDLE LAST				MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
16 Nick Oprea				17 Unavailable			
INFORMANT—NAME (Type or print)		RELATIONSHIP	MAILING ADDRESS STREET OR R.F.D. NO.		CITY OR TOWN		
18a Mary Oprea		18b WIFE	18c 818 W. Main St. Griffith, Indiana		18d 46319		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION CITY OR TOWN STATE		
19a Burial			19b Chapel Lawn Cemetery		19c Schererville, Indiana		
DATE (MONTH DAY YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
20a Nov. 10, 1986			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 cause(s) stated				DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH	
21a (Signature) S. D. Gailani				21b Nov. 10, 1986		21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d S. D. Gailani, M.D.							
MAILING ADDRESS—PHYSICIAN							
21e 9116 Columbia Avenue, Munster, IN. 46321							
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a Paul Johnson					22b 11-12-86		
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST							
23a Metastatic Carcinoma; Primary Unknown							
DUE TO OR AS A CONSEQUENCE OF							
23b							
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)							
24							

 SBH 06-003 State Form 35430
REV. 10/77

AUDITOR LAKE COUNTY

FILED

DEC 18 1986

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