

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

Below for State Office Use

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- L
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- 2
- 3
- 4
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- 10
- 11
- 12

THIS CERTIFICATE IS A TRIE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Key 26-149-19
Biphenyl Add
11/19/86
11/12/86

LICENSE No. 1617

Edgar Gleim

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

LICENSE No. 94

FUNERAL HOME No. 750

Local No. 892111-9983-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 1194

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

DISPOSITION

M.D. OR D.O.

CAUSE

DECEASED - NAME 1 Daniel Oprea, Sr.		SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 Nov. 8, 1986
RACE - 4 White	AGE - Last Birthday (MOS) 5a 73	UNDER 1 YEAR (DAYS) 5b	UNDER 1 DAY (HOURS) 5c
CITY, TOWN OR LOCATION OF DEATH 7a Munster		COUNTY OF DEATH 7b Lake	
STATE OF BIRTH 8 Indiana		CITIZEN OF WHAT COUNTRY 9 U.S.A.	DATE OF BIRTH (Mo. Day Yr.) 6 Mar. 7, 1913
SOCIAL SECURITY NUMBER 13 306-03-3592		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (Name, give maiden name) 11 Mary Godocik
RESIDENCE - STATE 15a Indiana		COUNTY 15b Lake	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Switchman
STREET AND NUMBER 15d 818 W. Main St.		CITY, TOWN OR LOCATION 15c Griffith	KIND OF BUSINESS OR INDUSTRY 14b Railroad
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY CITY OR TOWN) 15i YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
FATHER - NAME 16 Nick Oprea		MOTHER - MAIDEN NAME 17 Unavailable	
INFORMANT - NAME (Type or print) 18a Mary Oprea		RELATIONSHIP WIFE	MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 18b 818 W. Main St. Griffith, Indiana
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Chapel Lawn Cemetery	LOCATION (CITY OR TOWN STATE ZIP) 19c Schererville, Indiana
DATE (MONTH DAY YEAR) 20a Nov. 10, 1986		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.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 (Cause) stated 21a (Signature) S. D. Gailani		DATE SIGNED (Mo. Day Yr.) 21b Nov. 10, 1986	HOUR OF DEATH 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 22a Paul Johnson		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 11-12-86	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)] Metastatic Carcinoma; Primary Unknown	
DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) 24	

FILED

DEC 18 1986

400