

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

11
12

Key #35-36-35
Manufacturers' Labels of 55¢
at 36¢
Below for State Office Use

DEC 22 1986
Date Issued
FRANK J. REMADEMA
HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME: KEITH D. ANTHONY
FUNERAL DIRECTOR'S NAME: FRANK J. REMADEMA
FUNERAL DIRECTOR'S SIGNATURE: *Keith D. Anthony*
LICENSE No. 1191
FUNERAL DIRECTOR'S LICENSE No. 2269

900577

Local No. 849

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

545

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH - MONTH DAY YEAR	
1		JOHN	A.	POLAK, SR.	2 MALE	3 DECEMBER 20, 1986	
RACE - (e.g. White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yr.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH - (Mo., Day, Yr.)	COUNTY OF DEATH		
4 WHITE	5a 66	5b	5c	6 4/11/1920	7a LAKE		
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION - Name of institution, give street and number			16 HOSP. OR INST. - (Indicate Dept. or Special Imp.) (Specify)		
7b HAMMOND		7c ST. MARGARET HOSPITAL			7d INPATIENT		
STATE OF BIRTH - (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	SURVIVING SPOUSE - (If wife, give maiden name)		17 WAS DECEDENT EVER IN ARMED FORCES?		
8 INDIANA	9 USA	10 MARRIED	11 HELEN DUDZIK		12 YES WWII		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION - (Use kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY			
13 311-03-6068		14a OWNER		14b TAVERN			
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?			
15a INDIANA	15b LAKE	15c HAMMOND		15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
15d 6729 ILLINOIS							
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST
16 FRANK				POLAK, SR.	17 JOSEPHINE		
INFORMANT - NAME (Type or print)		RELATIONSHIP	MAILING ADDRESS		STREET OR R.F.D. NO.	CITY OR TOWN	STATE ZIP
18 HELEN POLAK - WIFE			18a 6729 ILLINOIS STREET, HAMMOND, INDIANA 46323				
BURIAL - (Check one)		METERY OR CREMATORY - FUNERAL HOME		LOCATION			
19a BURIAL		19b HOLY CROSS CEMETERY		19c CALUMET CITY, ILLINOIS			
DATE - MONTH DAY YEAR		FUNERAL HOME - NAME AND ADDRESS		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
20a DECEMBER 23, 1986		20b ANTHONY & DZIADOWICZ 4404 CAMERON, HAMMOND, INDIANA 46327					
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 <i>Claude Foreit</i>		21b 12/22/86		21c 5:28 AM			
NAME OF ATTENDING PHYSICIAN (Type or Print)		21d CLAUDE FOREIT D.O.					
MAILING ADDRESS - PHYSICIAN		21e 2851 HOHMAN AVENUE, HAMMOND, INDIANA 46327					
HEALTH OFFICER'S SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		22b DEC 22 1986			
22a <i>Frank J. Remade</i>							
CONDITIONS FOR ANY WHICH HAVE EXISTED IMMEDIATELY PRECEDING THE UNDERLYING CAUSE LIST		PART I		Interval between onset and death			
23 IMMEDIATE CAUSE (ENTER THE ONE CAUSE PER LINE (FOR 1, 2, AND 3))		(a) ARRYTHMIA AEREST		MINUTES			
		(b) SEVERE CARDIO MYOPATHY		MONTHS			
		(c) HYPERTENSIVE ARTERIO SCLEROTIC		YEARS			
OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not the direct cause - PART II)		PART II		24 NO			
24 COMPETITIVE HEART FAILURE							

RICHARD J. BLASTICK
REPORTER, LAKE COUNTY
MARIETTA, INDIANA 45319

4.00