

43561
2211

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

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

918623

Local No. 956-85

FUNERAL HOME
FUNERAL DIRECTOR'S COUNTY LICENSE No. 245
FUNERAL DIRECTOR'S STATE LICENSE No. 723
EMBALMER'S NAME: Chas. W. Weir, Weir Health Dept. LICENSE No. _____
FUNERAL DIRECTOR'S SIGNATURE: John D. Dugan MAY 21 1985

TYPE OR PRINT
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. MICHAEL				BUCHKO	2 Male	3 May 19, 1985		
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. 94	MOS	DAYS	HOURS	MINS	6. 2-26-1891	7a. Lake	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (if not in other give street and number)			IF HOSP. OR INST. Indicate DOA, OP, Emer. Rm., Inpatient (Specify)		
7b. Merrillville			7c. Lincolnshire Care Center			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)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		
8. Czechoslovakia	USA		10 Married	11 Anna Pinchock		12. 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. 306-09-0339			14a. Retired Rigger		14b. Sheet & Tin Mill, US Steel			
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION			IS RESIDENCE ON A FARM?			
15a. Indiana	15b. Lake	15c. Gary, Indiana			15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
STREET AND NUMBER			IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (SPECIFY YES OR NO)			
15d. 3408 Pennsylvania			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.								
15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
FATHER—NAME			MOTHER—MAIDEN NAME					
16. John Buchko			17. Verona Wackchek					
INFORMANT—NAME (Type or Print)		RELATIONSHIP	MAILING ADDRESS		CITY OR TOWN			
18a. Anna Buchko		Wife	18b. 3408 Pennsylvania St., Gary, Indiana		46409			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION			
19a. Burial			19b. Calumet Park Cemetery		19c. Merrillville, Ind.			
DATE (MONTH, DAY, YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
20a. May 22, 1985			20b. PRUZIN BROS., 6360 Broadway, Merr., Indiana 46410					
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) <u>Raymond J. Doherty</u>				21b. May 20, 1985		21c. 10:30 PM		
NAME OF ATTENDING PHYSICIAN (Type or Print)								
21d. Raymond J. Doherty M.D.								
MAILING ADDRESS—PHYSICIAN								
21e. 8695 Connecticut St., Merrillville, Ind. 46410								
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a. <u>Paul Johnson M.D.</u>					22b. 5-21-85			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								
PART I		(a)	Cardiac Failure			Interval between onset and death		
		(b)	Coronary Artery Disease			Interval between onset and death		
		(c)				Interval between onset and death		
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. no		

REMAINDER HAND
 AND AT AT
 #46
 DEATH ON FILE WITH THE LAKE COUNTY BOARD OF HEALTH DEPT. LICENSE No. _____
 THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE
 MAY 21 1985
 FILED
 MAY 21 1987

Let
you