

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

John Taylor
1934 New York Ave
State Whiting, Ind
No.

933939 Local No. 250

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. ALNA		B.	ROKOSZ	Female	3. March 10, 1973	
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR NOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White	5a. 88	5b.	5c.	6. 11-18-1884	7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Hammond			7c. Yes	7d. St. Margaret Hospital		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		10. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Poland, Europe		9. U.S.A.		11. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
12. 306-70-0498		13a. Housework		13b. At Home		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana	14b. Lake	14c. Whiting		14d. Yes	14e. North	
STREET AND NUMBER			14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		15. IS RESIDENT ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
14f. 1243 Lakeview Ave.			14g. No		15. No	

FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST	MIDDLE	LAST	
15. UNKNOWN		UNKNOWN		UNKNOWN		UNKNOWN		UNKNOWN	
INFORMANT—NAME			RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
17a. Michael Rokosz			17b. Son		17c. 1243 Lakeview Ave, Whiting, Ind.				

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND
18. IMMEDIATE CAUSE		(a) Congestive Heart Failure		48 hr
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Chronic Myocarditis		15 yrs
CAUSE		(c) Advanced Generalized Arteriosclerosis		15 yrs
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		Multiple Myocardial Infarcts		19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

DATE & TIME OF DEATH	MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY	YEAR
20. March 10, 1973 12:20 P.M.	March	10,	1973	12:20 P.M.	21a. Harry Silvan	March	12,	1973
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE					SIGNATURE OF PHYSICIAN			
22a. Harry Silvan M.D.					22b. Harry Silvan			
MAILING ADDRESS—PHYSICIAN					CITY OR TOWN STATE ZIP			
23. 1010-119th Street, Whiting Indiana; 46394					23. Whiting Indiana; 46394			

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY, CREMATORY, FUNERAL HOME	LOCATION	CITY OR TOWN	STATE
24a. Burial	24b. Holy Cross Cemetery	24c. Calumet City, Ill.		
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
24d. March 14, 1973	25a. Edw. J. Kosior 2031 Indpls. Blvd, Whiting, Ind. 46394			
HEALTH OFFICER—SIGNATURE				
25b. [Signature]				
DATE RECEIVED BY LOCAL HEALTH OFFICER				
26a. [Signature]				
26b. MAR 14 1973				

By 32-148-19-220
Kathy C. Fagin, M.D.
1973 22220

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. MAR 14 1973

FUNERAL HOME No. 727
LICENSE No. 2505
GENERAL DIRECTOR'S LICENSE No. 1362
EDWARD J. KOSIOR
FUNERAL DIRECTOR
SIGNATURE

M. D.
OR
D. O.
[Signature]

FILED
AUG 20 1980
Audrey N. Carter
AUDITOR LAKE COUNTY

WILLIAM BLASTICK
LIC. RECORDER

Certificate
 Yes No