

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

Below for State Office Use

934073

Local No. 146689

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Rees Funeral Home
600 W. Ridge Rd.
Hobart
State No. 2221

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

FUNERAL HOME

No. FDH 3003069

FDE 8600652

FUNERAL DIRECTOR'S

License No. FDE 1041083

DECEASED

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

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITION
IF ANY
WHICH
GAVE
RISE TO
IMMEDIATE
CAUSE,
STATING
IN
UNDERLYING
CAUSE (LAST)

CAUSE

DECEASED - NAME PETER EDWARD SCEPKOWSKI			SEX MALE	DATE OF DEATH (MONTH DAY YEAR) JULY 23, 1987	
RACE - (e.g. White, Black, American Indian, etc.) WHITE	AGE - Last Birthday (Yr) 63	UNDER 1 YEAR MOS 5b	UNDER 1 DAY HOURS 5c	DATE OF BIRTH (Mo Day Yr) FEB 19, 1924	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH HOBART		HOSPITAL OR OTHER INSTITUTION 411 Kelly Street		IF HOSP OR INST (specify DOA OP Emer. Rm. Institution) (Specify)	
STATE OF BIRTH (If not in U.S. name country) INDIANA	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) MARRIED	SURVIVING SPOUSE (If wife give maiden name) BETTY ALMA MAUGHTON		IF WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr or M) YES
SOCIAL SECURITY NUMBER 315-28-5513		USUAL OCCUPATION (Give kind of work done during most of working life. Specify if retired) Foreman		KIND OF BUSINESS OR INDUSTRY Inland Steel Company	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hobart		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 411 Kelly Street		INSIDE CITY LIMITS, (Specify Yr or No) 15i		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 Peter Scepkowski		MOTHER - MAIDEN NAME Sophie Moscinska		INFORMANT - NAME (Type or print) Betty Scepkowski Wife	
RELATIONSHIP Wife		MAILING ADDRESS 411 Kelly Street Hobart In 46342		BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
CEMETERY OR CREMATORY - FUNERAL HOME Calvary Cemetery		LOCATION Portage		STATE IN	
DATE (MONTH DAY YEAR) July 25, 1987		FUNERAL HOME - NAME AND ADDRESS Rees Funeral Home 600 W. Ridge Rd., Hobart		DATE SIGNED (Mo Day Yr) 7-31-87	
HOUR OF DEATH 3:30 A.		NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. Nazzal Obaid		DATE RECEIVED BY LOCAL HEALTH OFFICER 7-31-87	
MAILING ADDRESS - PHYSICIAN 8895 Broadway Merrillville, Indiana 46410		HEALTH OFFICER - SIGNATURE Paul Johnson MD		DATE RECEIVED BY LOCAL HEALTH OFFICER 7-31-87	
IMMEDIATE CAUSE Carcinoma of the Lung with Brain metastasis.		DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (a)		AUTOPSY (Specify Yr or No) no		24	

PETER N. MORIKIS

FUNERAL DIRECTOR'S
SIGNATURE
Gerald J. Feen

LIJIAN BLASZCOK
RECORDER

AUDITOR LAKE COUNTY

Key # 18-79-10 Laramee 1st Sub N 1/2 of 29 2' 1/2" x 10 1/2" x 10 1/2" Bl. 3