

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

Below for State Office Use

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Disposition Permit  
Issued    
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME RONALD A. REED LICENSE NO. 108

FUNERAL HOME 750  
FUNERAL DIRECTOR'S LICENSE NO. 94  
FUNERAL DIRECTOR'S SIGNATURE C. A. [Signature]

LAKE COUNTY HEALTH COMMISSIONER  
DECEASED  
DISPOSITION  
CERTIFIER  
CAUSE

Local No. 1045-83

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No. M. J. Rawson

DECEASED—NAME 1. <u>Leroy R. Kuraskiewicz</u>		FIRST	MIDDLE	LAST	SEX <u>Male</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>July 30, 1983</u>
RACE—(If White, Black, American Indian, etc.) (Specify) <u>White</u>	AGE—Last Birthday (Yr.) <u>47</u>	UNDER 1 YEAR MO. DATE	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) <u>6/3/08/1936</u>	COUNTY OF DEATH <u>Lake</u>	
CITY, TOWN OR LOCATION OF DEATH <u>Schererville</u>			HOSPITAL OR OTHER INSTITUTION—(Name if not on list or give street and number) <u>100 North Road</u>			IF HOSP OR INST. Indicate DOA (Specify) (See Rm. Instruct.) (Specify) <u>NO</u>
STATE OF BIRTH (If not in U.S. name country) <u>ILLINOIS</u>	CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	SURVIVING SPOUSE (If wife, give maiden name) <u>Zorka VUKMIROVICH</u>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <u>NO</u>
SOCIAL SECURITY NUMBER <u>347-28-5453</u>			USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired)		KIND OF BUSINESS OR INDUSTRY <u>REPUBLIC STEEL</u>	
RESIDENCE—STATE <u>Indiana</u>	COUNTY <u>Lake</u>	CITY, TOWN OR LOCATION <u>Schererville</u>				
GIVEN AND NUMBER <u>100 North Road</u>				IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No if No) 15b. Yes <input checked="" 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 <u>RAYMOND KURASKIEWICZ</u>			MOTHER—MAIDEN NAME <u>GERTRUDE</u>			
INFORMANT—NAME <u>Zorka Kuraskiewicz</u>		RELATIONSHIP <u>Daughter</u>	MAILING ADDRESS <u>100 North Road, Schererville, IN.</u>		CITY OR TOWN <u>Schererville, IN.</u>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <u>BURIAL</u>		CEMETERY OR CREMATORY—FUNERAL HOME <u>MEMORY LANE</u>		LOCATION <u>SCHERERVILLE, IN.</u>	CITY OR TOWN <u>46307</u>	
DATE (MONTH, DAY, YEAR) <u>AUGUST 2 1983</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <u>Kuiper Funeral Home, 9039 Kleinman, Highland, IN.</u>				
On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the cause(s) stated.			DATE SIGNED (Mo., Day, Yr.) <u>8/1/83</u>		HOUR OF DEATH <u>10:40 p. m.</u>	
21a. Signature <u>[Signature]</u>			21b. (PRONOUNCED) DEAD (Mo., Day, Yr.) <u>7/30/83</u>		21c. (PRONOUNCED) DEAD (Hour) <u>cds</u>	
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print) <u>DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307</u>						
HEALTH OFFICER—SIGNATURE <u>[Signature]</u>				DATE RECEIVED BY LOCAL HEALTH OFFICER <u>8-1-83</u>		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL IN AND OUT) PART I (a) <u>Myocardial infarction; Moderate cardiomegaly</u> Interval between onset and death <u>Undetermined</u> DU TO OR AS A CONSEQUENCE OF: (b) <u>Severe coronary atherosclerosis; marked pulmonary edema</u> Interval between onset and death DU TO OR AS A CONSEQUENCE OF: (c) <u>and congestion</u> Interval between onset and death						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) <u>NO</u> 24. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) <u>Natural</u>	DATE OF INJURY (Mo., Day, Yr.) <u>JULY 30 1983</u>	HOUR OF INJURY <u>10:40</u>		DESCRIBE HOW INJURY OCCURRED <u>NO</u>		
25a. INJURY AT WORK (Specify Yes or No)	25b. PLACE OF INJURY—(At home, farm, street, factory, office building, etc.) (Specify)	25c. LOCATION <u>Schererville, IN.</u>		25d. STREET OR R.F.D. NO. <u>100 North Road</u>		25e. CITY OR TOWN <u>Schererville</u>
25a. STATE		25b. STATE		25c. STATE		25d. STATE