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 THIS IS A
 PERMANENT

South Ph. Dub.
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 11.19.1951 Rt 33 Bl 3 FILED
 #36-102-477

Funeral Home Permit
 Provisional Certificate
 License No.

EMERALD HOME
 LICENSE NO. 127
 FURNERAL DIRECTOR'S SIGNATURE

974812

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

Donald L. Gray
 1241-11980
 State Whiting 46399

Local No. 30

TYPE OR PRINT IN PERMANENT INK
 INSTRUCTIONS TO BE FOLLOVED BY DECEASED
 RESIDENCE WHERE DECEASED LIVED AT DEATH OCCURRING INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS WHICH MAY BE CONSIDERED AS CAUSE (LIST)

CAUSE

DECEASED—NAME 1. Mary V. Zajac		SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. July 1, 1978
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yr) 5a. 95	UNDER 1 YEAR 5b. MONTHS	UNDER 1 DAY 5c. HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—Name (if not at home, give street and number) 7c. 2467 New York Avenue	IF HOSP. OR INST. indicate DDA, LP, (Local, Reg., Hospital) (Specify) 7d. No
STATE OF BIRTH (if not in U.S.A. give country) 8. Poland	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Widowed	SURVIVING SPOUSE (if wife, give maiden name) 11. None
SOCIAL SECURITY NUMBER 13. 309-09-3571 D		USUAL OCCUPATION (Give kind of work done during most of lifetime if over 15 years) 14a. Homemaker	KIND OF BUSINESS OR INDUSTRY 14b. Own Home
RESIDENCE—STATE 16a. Indiana	COUNTY 16b. Lake	CITY, TOWN OR LOCATION 16c. Hammond	IS RESIDENCE ON A FARM? 16d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 2467 New York Avenue		INSIDE LIMITS (SPECIFY LAKE OR NO.) 15f. NO	FILED FOR RECORDING 28
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 18. John Kolodziejczyk		MOTHER—MAIDEN NAME 17. Ann	
INFORMANT—NAME (Type or Print) 18a. Mr. John Zajac		MAILING ADDRESS—STREET OR R.F.D. NO. 18b. 8301 Columbia Avenue	CITY OR TOWN Munster, Indiana
DISPOSITION 19a. Burial		CEMETERY OR CREMATORIUM—FUNERAL HOME 19b. Holy Cross Cemetery	LOCATION 19c. Calumet City, Illinois
DATE (MONTH, DAY, YEAR) 20a. July 5, 1978		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. RUZICH FUNERAL HOME 2031 Indianapolis Blvd. Whiting, Ind. 46394	
To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. 21a. (Signature) Free Seery, M.D.		DATE SIGNED (Mo., Day, Yr.) 21b. July 13, 1978	HOUR OF DEATH 21c. 9:00 A.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. 1923 Clark Street		MAILING ADDRESS—PHYSICIAN 21e. Whiting, Indiana 46394	
HEALTH OFFICER—(Signature) 22a. D. J. Remubarino		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. JUL 14 1978	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL I, II, AND III) PART I (a) Acute cardiac failure		Interval between onset and death 10 yrs.	
(b) Arteriosclerotic heart disease		Interval between onset and death Unknown	
(c) Hypertension arterial		Interval between onset and death Unknown	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not so stated to cause shown in PART I (a), (b), or (c)		ADULT? (Specify Yes or No) 24. No	

SBH 06-003
 REV. 10/77

LILLIAN A. BLASTEK
 RECORDER LAKE COUNTY
 CROWN POINT, INDIANA 46307
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