

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

990251

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 111

1. DECEASED—NAME FIRST MIDDLE LAST WALTER J. DAKIN			2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) 02-07-80	
4. RACE—(e.g. White, Black, American Indian, etc.) (Specify) White		5a. AGE—Last Birthday (First) 66	5b. UNDER 1 YEAR MOS. DAYS HOURS MINS		6. DATE OF BIRTH (Mo., Day, Yr.) 7-31-1913
7a. CITY, TOWN OR LOCATION OF DEATH Hammond			7b. HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number) SAINT MARGARET		7c. COUNTY OF DEATH LAKE
8. STATE OF BIRTH (If not in U.S.A. name country) IND		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	
11. SOCIAL SECURITY NUMBER 312-09-3406			12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN		13. SURVIVING SPOUSE (If wife, give maiden name) MARY RAZDZYNSKI
14. RESIDENCE—STATE IND		15. COUNTY LAKE		16. CITY, TOWN OR LOCATION Hammond	
17. STREET AND NUMBER 6740 HURON			18. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. CITY LIMITS (Specify Yes or No) Yes
20. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21. FATHER—NAME FIRST MIDDLE LAST PHILIP DAKIN			22. MOTHER—MAIDEN NAME FIRST MIDDLE LAST ANNA KVIETKAUSKAS		
23. INFORMANT—NAME (Type or print) MARY DAKIN		24. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 6740 HURON Hammond IN 46323			
25. BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		26. CEMETERY OR CREMATORY—FUNERAL HOME Elmwood		27. LOCATION CITY OR TOWN STATE Hammond IN	
28. DATE (MONTH, DAY, YEAR) FEB 11, 1980		29. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) Vergil Huber Funeral Home Hammond IN 46323		30. DATE SIGNED (Mo., Day, Yr.) 02-09-80	
31. NAME OF ATTENDING PHYSICIAN (Type or Print) JAMES GREENWALD M.D.		32. MAILING ADDRESS—PHYSICIAN 18141 SUITE 101 DIXIE HIGHWAY, HOMEWOOD, IL. 60430		33. HOUR OF DEATH 5:45 P. M.	
34. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		35. DATE RECEIVED BY LOCAL HEALTH OFFICER FEB 11 1980			
36. IMMEDIATE CAUSE (PART I) Bulging & aneurysm phlebitis of calf with multiple pulmonary emboli		37. DUE TO, OR AS A CONSEQUENCE OF OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (1)		38. INTERVAL BETWEEN ONSET AND DEATH	
39. CAUSE (PART II)		40. AUTOPSY (Specify Yes or No) 24.			

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. *[Signature]* FEB 11 1980

Disposition Permit Issued / /

Provisional Certificate  
 Yes  No

FUNERAL HOME No. 272 LICENSE No. 272  
 FUNERAL DIRECTOR'S SIGNATURE *[Signature]*  
 EMBALMER'S NAME Walter J. Dakin LICENSE No. 071

*Hold Michelle - Auditor by Dept 422*

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