

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. 4942

Local No. 992737

4942 400 pd
Robert M...
St. John, Ind. 46373

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

1 DECEASED—NAME FIRST: Cornelia MIDDLE: F. LAST: Bukala				2 SEX F.	3 DATE OF DEATH (Mo Day Yr) January 13, 1988	
4 SOCIAL SECURITY NUMBER 315-28-7461-M		5a AGE—Last Birthday (Years) 73	5b UNDER 1 YEAR Months: Days: Hours: Minutes:	5c UNDER 1 DAY Hours: Minutes:	6 DATE OF BIRTH (Month, Day, Year) July 26, 1914	
8 YEAR LAST SERVED IN US ARMED FORCES? None		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (If not institution, give street and number) 4226 Homerlee Ave.			9c CITY, TOWN OR LOCATION OF DEATH East Chicago	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married		11 SURVIVING SPOUSE (If wife give maiden name) Edmund W. Bukala		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Homemaker		
12b KIND OF BUSINESS/INDUSTRY Home		13a RESIDENCE—STATE Indiana		13b COUNTY Lake		
13c CITY, TOWN OR LOCATION East Chicago		13d STREET AND NUMBER 4226 Homerlee Ave.				
13e INSIDE CITY LIMITS? (Yes or no) Yes		13f FARM No		13g ZIP CODE 46312		
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify			15 RACE—American Indian, Black, White, etc (Specify) White		16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (13-16) 12	
17 FATHER'S NAME (First, Middle, Last) Joseph Cook			18 MOTHER'S NAME (First, Middle, Maiden Surname) Julia Soltesz			
19a INFORMANT'S NAME (Type, Print) Edmund W. Bukala			19b MAILING ADDRESS (Street and Number or Rural Route Number, City, State, ZIP Code) 4226 Homerlee Ave., E. Chgo., Ind.		19c Relationship Husband	
20a METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) January 15, 1988 Oakland Memory Lane		20c LOCATION—City or Town, State Dolton, Illinois		
21a SIGNATURE OF FUNERAL DIRECTOR <i>E. Eugene Johnson</i>		21b LICENSE NUMBER (of Licensee) FDE-1004698		22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Huber's Funeral Home 905 W. Chicago Ave., E. Chgo. Ind.		
23a To the best of my knowledge, death occurred at the time, date and place stated Signature and Title <i>Donald Oakes</i>		23b LICENSE NUMBER		23c DATE SIGNED (Month, Day, Year) 1/14/88		
24 TIME OF DEATH 9:17 p.m.		25 DATE PRONOUNCED DEAD (Month, Day, Year) Jan. 13, 1988		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) No		
27 PART I Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) b. Essential hypertension DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I						
28a AS AN AUTOPSY PERFORMED? (Yes or no)		28b LIST OF FINDINGS AVAILABLE FOR REVIEW OF COMPLETING CASES OF DEATH IN THIS COUNTY AUG 17 1988				
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER 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) and manner as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>Donald Oakes M.D.</i>				
29c LICENSE NUMBER 003844		29d DATE SIGNED (Month, Day, Year) 1-14-88				
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 800 McArthur Blvd. Suite 2, Porter Ind 46321						
31 HEALTH OFFICER'S SIGNATURE <i>C. A. Campagna M.D.</i>					32 DATE FILED (Month, Day, Year) 1-15-88	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED	
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)			34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			

Pettit's 1st Add. S. 28th. N. 6th. L. 14
#30-516-13

CHICAGO TITLE INSURANCE COMPANY

CLILLIAN A. BLASTICK
RECORDER
FILED
AUG 17 1988
LAKE COUNTY
INDIANA
46302