

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

992830

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

E \_\_\_\_\_

F **FILED**

G AUG 16 1988

H \_\_\_\_\_

I \_\_\_\_\_

J \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

8 \_\_\_\_\_

Disposition Permit  
Issued / /

Provisional  
Certificate

Yes  No

EMBALMER'S NAME Martin J. Gaboy

FUNERAL DIRECTOR'S SIGNATURE [Signature]

FUNERAL DIRECTOR'S LICENSE No. FDE1010744

FUNERAL HOME No. FDH3007266

Key # 32-148-16  
Resub. Citizens Co's and Add.  
L.116  
Local No. 361

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Rudolph M. Zayac  
1522-1196 St  
Whiting 46394  
State  
No. 200

TYPE OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY, YEAR)					
1. ANN		M.	BOGUCKI	2. Female	November 15, 1987						
RACE—(Is White, Black, American Indian, etc. (Specify))	AGE—Last Birthday (Yrs)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr)	COUNTY OF DEATH					
4. White	5a. 63	5b. MOS	DAYS	HOURS	6. 06/20/1924	7. Lake					
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—(Name (if not in other, give street and number))		IF HOSP OR INST. indicate DGA, CP, Extent, Rm., Treatment (Specify)					
7b. East Chicago				7c. St. Catherine Hospital		7d. Inpatient					
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If male, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)					
8. Indiana	9. U.S.A.	10. Widowed		11. None		12. No					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY						
13. 317-14-8439		14a. Homemaker			14b. Own Home						
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION			INSIDE CITY LIMITS (SPECIFY YES OR NO)						
15a. Indiana	15b. Lake	15c. Hammond (Whiting P.O.)			15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
STREET AND NUMBER				IS RESIDENCE ON A FARM?		15f.					
15d. 1303 Lakeview Street											
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		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST		
16. John				Bandos	17. Anna						
INFORMANT—NAME (Type or print)				MAILING ADDRESS				STREET OR R.F.D. NO.		CITY OR TOWN	STATE
18a. Edward E. Bogucki, Son				18b. 8226 Northcote Avenue, Munster, Indiana 46321							
BURIAL, CREMATION, REMOVAL OTHER (Specify)				CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION				CITY OR TOWN	STATE
19a. Burial				19b. St. John Cemetery		19c. Hammond, Indiana					
DATE (MONTH, DAY, YEAR)				FUNERAL HOME—NAME AND ADDRESS				(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
20a. November 17, 1987				20b. Baran & Son, Inc., 1235-119th St., Whiting, Ind.				46394			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				DATE SIGNED (Mo., Day, Yr)		HOUR OF DEATH					
21a. [Signature]				21b. 11-17-1987		21c. 2:10 P.M.					
NAME OF ATTENDING PHYSICIAN (Type or Print)											
21d. M.Y. Ali, M.D.											
MAILING ADDRESS—PHYSICIAN											
21e. 9116 Columbia Avenue, Munster, Indiana 46321											
HEALTH OFFICER—SIGNATURE						DATE RECEIVED BY LOCAL HEALTH OFFICER					
22a. E.A. Campagna, M.D.						22b. 11-18-87					
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))											
PART I (a) Congestive Cardiac Failure											
DUE TO, OR AS A CONSEQUENCE OF											
(b) Myocardial infarction											
DUE TO OR AS A CONSEQUENCE OF											
(c) Coronary Artery Disease											
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death, but not related to cause given in PART I (a))											
Small Cell Carcinoma lung											
AUTOPSY (Specify Yes or No)											
24. No											

LILLIAN A. BLASTOCK  
STATE OF INDIANA COUNTY  
REC'D  
CROWN POINT, INDIANA  
AUG 11 29 PM '88

[Handwritten mark]