

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: Day E. Stratton, Jr.
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]
 LICENSE NO. 2492
 APR 18 1980
 DECEASED

036122

Local No. 1203-80

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 001243

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (MONTH DAY YEAR)
1		Dorothy	Ann	Dolak	2 Female	3 August 6, 1980
RACE—(a) White, (b) Black, American Indian, (c) Spanish	AGE—(a) Under 1 Year, (b) 1 Year to 14 Years, (c) 15 to 44 Years, (d) 45 to 64 Years, (e) 65 to 74 Years, (f) 75 to 84 Years, (g) 85 Years and Over	4		5	6	
4 White	5a 45	5b	5c	5d	6a Oct. 13, 1934	6b Lake
7a CITY, TOWN OR LOCATION OF DEATH			7c HOSPITAL OR OTHER INSTITUTION—(Name of institution, give street and number)			7d IF HOSP OR INST (Indicate BOA, CH, State Inst., Institution, Specialty)
7b Dyer			7c Our Lady of Mercy Hospital			7d Inpatient
8 STATE OF BIRTH (a) Not in U.S.A. (Name & Country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (a) with (b) number named		12 WAS DECEASED IN U.S. (Specify Place)	
8 Indiana	9 United States	10 Married	11 Joseph Dolak		12 No	
13 SOCIAL SECURITY NUMBER		14 USUAL OCCUPATION (State kind of work done during most of working life, except if retired)		15		
13 306-668069		14 Medical Technician		15		
16a USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		16b CITY, TOWN OR LOCATION		16c		
16a Indiana Lake		16b Hammond		16c		
17a STREET AND NUMBER		17b IS RESIDENCE ON A FARM		18		
17a 7241 Knickerbocker Parkway		17b No		18		
19 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.						
19g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
16 PARENTS		FATHER—NAME	FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME
16		16a Joseph	Krainik	17	Mary	Valls
17 INFORMANT—NAME (Type or grade)		17a MAILING ADDRESS		17b STREET OR R.F.D. NO.		
17a Joseph Dolak		17a 7241 Knickerbocker Parkway, Hammond, Indiana 46323		17b		
18a BURIAL, CREMATION, REMOVAL, OTHER (Specify)		18b CEMETERY OR CREMATORY—FUNERAL HOME		18c LOCATION		
18a Burial		18b Calumet Park		18c Merrillville, Indiana		
19a DATE (MONTH DAY YEAR)		19b FUNERAL HOME—NAME AND ADDRESS		19c STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP		
19a August 9, 1980		19b Virgil Huber Funeral Home, Hammond, Indiana 46323		19c		
20a To the best of my knowledge (both given and at the time of death) state and give to the greatest extent		20b DATE SIGNED (MO. DAY YEAR)		20c HOUR OF DEATH		
20a		20b 8/8/80		20c 8/6/80 7:00 p.m.		
21a NAME OF ATTENDING PHYSICIAN (Type or Print)		21b MAILING ADDRESS—PHYSICIAN		21c		
21a Nicholas Egan, M.D.		21b 30 Douglas St - Hammond, Ind. 46320		21c		
22a HEALTH OFFICER—SIGNATURE		22b DATE RECEIVED BY LOCAL HEALTH OFFICER		23		
22a Peter Stone, M.D.		22b 8-8-80		23		
23a IMMEDIATE CAUSE (ENTER ONLY THE CAUSE PERMITTED FOR ILM AND ILM)		23b		24		
23a (a) Renal failure due to metastatic cancer of prostate		23b		24		
23a (b)		23b		24		
23a (c)		23b		24		
23b OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (ILM)		23c		24		
23b		23c		24		

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