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

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No.

FUNERAL HOME No.

Local No. 1203-80

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 001243

TYPE OR PRINT IN PERMANENT INK. SEE INSTRUCTIONS IN HANDBOOK

DECEASED

1 DECEASED—NAME (First, Middle, Last): Dorothy Ann Dolak

2 SEX: Female

3 DATE OF DEATH (Month, Day, Year): August 6, 1980

4 RACE (White, Black, American Indian, etc.): White

5a AGE (Last Birthday): 45

5b UNDER 1 YEAR: MOS. DAYS

5c UNDER 1 DAY: HOURS MINS.

6 DATE OF BIRTH: Oct. 13, 1934

7a COUNTY OF DEATH: Lake

7b CITY, TOWN OR LOCATION OF DEATH: Dyer

7c HOSPITAL OR OTHER INSTITUTION: Our Lady of Mercy Hospital

7d IF HOSP. OR INST. Inpatient

8 STATE OF BIRTH: Indiana

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married

11 SURVIVING SPOUSE: Joseph Dolak

12 WAS DECEDENT EVER IN U.S. ARMED FORCES: No

13 SOCIAL SECURITY NUMBER: 306-36-8069

14a USUAL OCCUPATION: Medical Technician

14b KIND OF BUSINESS OR INDUSTRY: Hospital

15a RESIDENCE—STATE: Indiana

15b COUNTY: Lake

15c CITY, TOWN OR LOCATION: Hammond

15d STREET AND NUMBER: 7241 Knickerbocker Parkway

16a IS RESIDENCE ON A FARM? YES ☐ NO ☒

16b INSIDE CITY LIMITS: Yes

15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16 FATHER—NAME (First, Middle, Last): Joseph Krajnik

17 MOTHER—MAIDEN NAME (First, Middle, Last): Mary Valla

18a INFORMANT—NAME: Joseph Dolak

18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 7241 Knickerbocker Parkway, Hammond, Indiana 46323

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER: Burial

19b CEMETERY OR CREMATORY—FUNERAL HOME: Calumet Park

19c LOCATION (City or Town, State): Merrillville, Indiana

20a DATE (Month, Day, Year): August 9, 1980

20b FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Virgil Huber Funeral Home, Hammond, Indiana 46323

M.D. OR D.O.

To the best of my knowledge death occurred at the time, date, place and due to the cause(s) stated.

21a (Signature): Nicholas Lynch, M.D.

21b DATE SIGNED: 8/8/80

21c HOUR OF DEATH: 8/6/80 7:00 p.m.

21d NAME OF ATTENDING PHYSICIAN (Type or Print): Nicholas Lynch, M.D.

21e MAILING ADDRESS—PHYSICIAN: 30 Douglas St. Hammond, Ind. 46320

22a HEALTH OFFICER—SIGNATURE: Peter Stern, MD

22b DATE RECEIVED BY LOCAL HEALTH OFFICER: 8-8-80

CAUSE

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

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — Interval between onset and death

PART I (a) Renal failure due to metastatic Green Cell Ca — 2 months

DUE TO, OR AS A CONSEQUENCE OF

(b)

DUE TO OR AS A CONSEQUENCE OF

(c)

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) — AUTOPSY (Specify Yes or No): 24.

SBH 06-003
REV. 10/77

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