

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

098501

Miller's Add
S. 8 1/3 Pt. L15 + all L16, Block 5
Unit 21 Key 30-468-12

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Trinkham, Deborah Clark & Malloy
Harrison Ridge 29
419 Ridge Road
Munster 46321-1551
State No.

Local No. 156

Below for State Office Use:

- A _____
- B _____
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- X _____
- Y _____
- Z _____

LICENSE No. 5313

FUNERAL DIRECTOR'S
LICENSE No. 8

EMBALMER'S NAME Woodrow Donovan

FUNERAL DIRECTOR'S SIGNATURE James H. Fife

FUNERAL HOME

TYPE OR PRINT
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

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

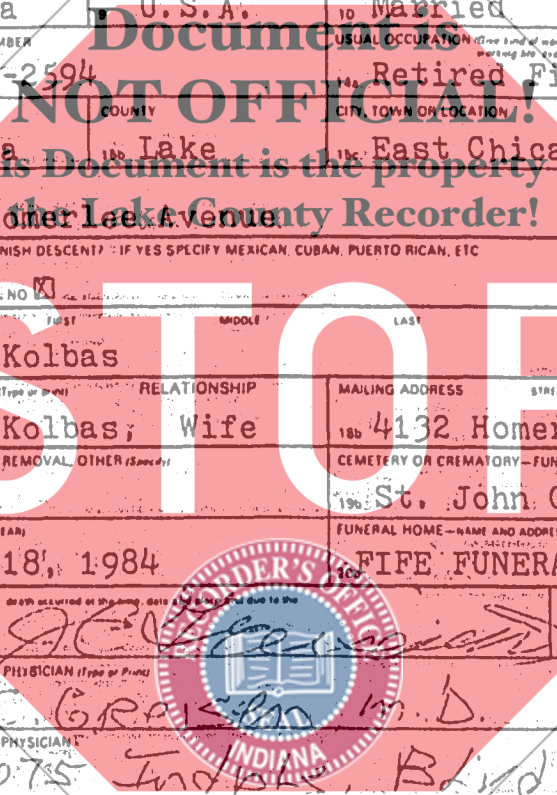
PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
OR
CONTRIBUTED
TO
CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
1 JAMES		D.	KOLBAS	MALE		APRIL 15, 1984
RACE—(to whom Black American means one 1/8 or more)	AGE—(Last birthday)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MO DAY YEAR)	COUNTY OF DEATH	
4 White	5a 63	5b	5c	6 8-4-1920	7 Lake	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—(Name if not on other page street and number)		IF HOSP OR INST. Indicate DOA or Emer. Am. Import (Specify)	
7a East Chicago			7c St. Catherine Hospital		7d Inpatient	
STATE OF BIRTH (If not in U.S. name country)	CITIZEN OF WHAT COUNTRY	MARRIED—NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Indiana	U.S.A.	10 Married	11 Ethel Szakacs		12 Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (If no kind of work done during most of working life, state it)		KIND OF BUSINESS OR INDUSTRY		
13 311-16-2594		14 Retired Fireman		15a E. Chicago Fire Dept.		
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?	
15a Indiana		16a Lake	16c East Chicago		15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER		15b RESIDENCE ON A FARM?		15c INCLUDE CITY LIMITS (City Yes or No)		
15d 4132 Homer Lee Ave		15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
15 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC						
15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
18 John Kolbas					17 Veronica Viriesz	
INFORMANT—NAME (Type or Print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN STATE ZIP
18a Ethel Kolbas,		18b Wife		18c 4132 Homerlee Ave.		18d East Chicago, Indiana 46312
BURIAL, CREMATION, REMOVAL OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION		
19a Burial		19b St. John Cemetery		19c Hammond, Indiana		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR P.O. NO.; CITY OR TOWN STATE ZIP)		
20a April 18, 1984		20b FIFE FUNERAL HOME, INC.		20c 4201 Indpls. E. Chicago, Ind.		
NAME OF ATTENDING PHYSICIAN (Type or Print)		DATE SIGNED (MO. DAY YEAR)		HOUR OF DEATH		
21a J.C. GRAYSON M.D.		21b 4-17-84		21c 2:31 p.m.		
MAILING ADDRESS—PHYSICIAN		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER		
21d 2075 Indiana Blvd., Whiting, Ind.		22a E.A. Campagnaro M.D.		22b 4-17-84		
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL IN ANSWER)		PART I		Interval between onset and death		
23a (a) Myocardial Infarction		(a)		Interval between onset and death		
(b) coronary atherosclerosis		(b)		Interval between onset and death		
(c)		(c)		Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		PART II		AUTOPSY (Specify Yes or No)		
				24 Yes		



FILED
APR 30 1984

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STOP



E.A. Campagna



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