

Permit + 4 cc + 3 vet. cc

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

099354

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 142-82

85002

Below for State Office Use

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

PERMANENT
INK
FOR
INSTRUCTION
SEE
HANDBOOK

DECEASED
RESIDENCE
WHERE DECEASED
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

DISPOSITION

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

MAILED
MAY 9 1982

DECEASED
RESIDENCE
WHERE DECEASED
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

DISPOSITION

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

DECEASED—NAME FIRST MIDDLE LAST ALOIS VINCENT SPISAK			SEX male	DATE OF DEATH (MONTH DAY YEAR) September 6, 1982
RACE—(1) White, (2) Black, (3) American Indian, (4) Other (Specify) white	AGE—Last Birthday (MOS) (DAYS) (HOURS) (MINS) 62	UNDER 1 YEAR 5c	DATE OF BIRTH (MO DAY YR) Sept. 7, 1919	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Crown Point		HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number) St. Anthony Medical Center		IF HOSP OR INST. Indicate DOA Of (Enter Am. Department (Specify)) Inpt.
STATE OF BIRTH (If not in U.S.A. name country) Ohio	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife give maiden name) Ethel Muha	WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
SOCIAL SECURITY NUMBER 297-14-4235	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer, Retired	KIND OF BUSINESS OR INDUSTRY Mid-Valley Construction		
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary	IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 1121 N. Warren Street		INSIDE CITY LIMITS (Specify Yes or No) 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 Vincent Spisak		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Elizabeth Yacko		
INFORMANT—NAME (Type of person) RELATIONSHIP Ethel Spisak, wife		MAILING ADDRESS—(STREET OR R.F.D. NO.) CITY OR TOWN STATE 1121 N. Warren Street, Gary, Indiana 46403		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		CEMETERY OR CREMATORY—FUNERAL HOME Calvary Cemetery		LOCATION: CITY OR TOWN STATE Portage, Indiana
DATE (MONTH DAY YEAR) September 9, 1982		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE, ZIP) Lach Funeral Home, 6121 Miller Ave., Gary, Ind. 46411		
NAME OF ATTENDING PHYSICIAN (Type of person) Ray E. Draega, M.D.		DATE SIGNED (MO DAY YR) 9/7/82	HOUR OF DEATH M	
MAILING ADDRESS—PHYSICIAN 8127 Merrillville Road, Merrillville, Indiana 46410		HEALTH OFFICER—SIGNATURE Steven J. ... M.D.		
DATE RECEIVED BY LOCAL HEALTH OFFICER 9-7-82		PART 23: IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))		
(a) Bilateral Pneumonia		Interval between onset and death 1 week		
(b) Renal Failure		Interval between onset and death 2 weeks		
(c) Nodular Lymphoma		Interval between onset and death		
PART 24: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given on PART 23		AUTOPSY (Specify Yes or No) No		

1
2
3
4
5
6
7
8
9
10
11
12
13

1267

LICENSE No.

Barbara M. Lach

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

400