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

Below for State Office Use

138148 TC

Hold - Mark H'way Dept

Local No. 1800-82

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 00400

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME: Frank W. Kobylanski
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): 11/12/82
4. RACE: White
5a. AGE—Last Birthday (Yrs.): 71
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH: 1/16/1911
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Lake Station
7c. HOSPITAL OR OTHER INSTITUTION: 2757 Benton Street
7d. IF HOSP. OR INST. Indicate DOA or Time Received (Specify): ---
8. STATE OF BIRTH: Wisconsin
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
11. SURVIVING SPOUSE: Olga Bialata
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
13. SOCIAL SECURITY NUMBER: 306-03-4356
14a. USUAL OCCUPATION: Open Hearth
14b. KIND OF BUSINESS OR INDUSTRY: USSteel-Gary Wks.
15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: Lake Station
15d. STREET AND NUMBER: 2757 Benton Street
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS? (Specify Yes or No): yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC: YES ☐ NO ☒

PARENTS

16. FATHER—NAME: Idzi Kobylanski
17. MOTHER—MAIDEN NAME: Rose Wolda

18a. INFORMANT—NAME (Type or print): Olga Kobylanski — RELATIONSHIP: Wife
18b. MAILING ADDRESS (STREET OR R.F.D. NO.): 2757 Benton St. — CITY OR TOWN: Lake Station — STATE: Ind. — ZIP: 46405.

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Calvary Cemetery
19c. LOCATION (CITY OR TOWN, STATE): Portage, Indiana
20a. DATE (MONTH, DAY, YEAR): 11/15/82
20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Stilinovich-Palmer-Viatrolik-Gary, Indiana

M.D. OR D.O.

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

21a. (Signature): [signature]
21b. DATE SIGNED (Mo. Day Yr.): 11/15/82
21c. HOUR OF DEATH: M
21d. NAME OF ATTENDING PHYSICIAN (Type or Print): Dr. Thomas G. Goodwin M.D.
21e. MAILING ADDRESS—PHYSICIAN: 6111 Harrison Street, Merrillville, Indiana 46410.
22a. HEALTH OFFICER—SIGNATURE: [signature] M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 11/15/82

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).)

PART I
(a) Myocardial Infarction — Interval between onset and death: Minutes
DUE TO OR AS A CONSEQUENCE OF
(b) Coronary artery disease — Interval between onset and death: Years
DUE TO OR AS A CONSEQUENCE OF
(c) — Interval between onset and death:

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

24. AUTOPSY (Specify Yes or No):

FILED
DEC 1 1990
Agnes M. Custer
AUDITOR LAKE COUNTY

SBH 06-003 State Form 35430
REV. 10/77

EMBALMER'S NAME: James W. Cholston

FUNERAL DIRECTOR'S SIGNATURE: James W. Palmer

FUNERAL DIRECTOR'S LICENSE No. 1911

FUNERAL HOME LICENSE No. 212

LAKE COUNTY HEALTH DEPT.

STATE OF INDIANA / S.S. No. / COUNTY OF LAKE / I HEREBY CERTIFY THE FOREGOING TO BE A TRUE COPY OF THE RECORD IN MY OFFICE / ROBERT I. PASTERNAK RECORDER / DEC 10 02 / 1990

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