

FA-3489

Key # 35-29-43 unit # 26

Manufacturer's Add L.43+L.44 B1.20

140364

Certified Copy of a Death Record

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

Case #170 of October, 78

STATE OF ILLINOIS

Return to: STATE FILE NUMBER
First American Title Insurance Company
5285 Commerce Drive
Crown Point, Indiana 46307

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.92
REGISTERED NUMBER 1314

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Type, or Print in PERMANENT INK See A Manual for Coroners and Funeral Directors Handbook for INSTRUCTIONS

DECEASED - NAME FIRST MIDDLE LAST SEX 1. CASIMIR DAUKSZA 2. MALE DATE OF DEATH (MONTH, DAY, YEAR) 3. OCTOBER 4 1978

RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. WHITE ORIGIN OR DESCENT 4b. AMERICAN AGE - LAST BIRTHDAY (YRS) 5a. 43 UNDER 1 YEAR 5b. UNDER 1 DAY 5c. DATE OF BIRTH (MO., DAY, YEAR) JAN. 11 - 1935 COUNTY OF DEATH 7a. Cook

A. DECEASED

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. MAYWOOD, PROVISO TWP. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. LOYOLA MEDICAL CENTER IF HOSP OR INST. INDICATE DOA, OP/EA/ER, OR INPATIENT (SPECIFY) 7d. IN PATIENT

B. DECEASED

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) 8. INDIANA CITIZEN OF WHAT COUNTRY 9. U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. MARY BOJSA

C. DECEASED

SOCIAL SECURITY NUMBER 12. 303-32-9041 USUAL OCCUPATION 13a. SERVICE MAN KIND OF BUSINESS OR INDUSTRY 13b. UTILITIES U.S. WAR VETERAN (YES/NO) 13c. YES WAR OR DATES OF SERVICE 13d. 2

D. DECEASED

RESIDENCE STREET AND NUMBER 14a. 6811 MONTANA CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. HAMMOND INSIDE CITY (YES/NO) 14c. YES COUNTY 14d. LAKE STATE 14e. INDIANA

E. DECEASED

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST 15. CASIMIR DAUKSZA 16. SOPHIE STEFANSKY

INFORMANT'S SIGNATURE 17a. MARY DAUKSZA RELATIONSHIP 17b. Wife MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c. 6811 MONTANA AVE HAMMOND, IN

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

1. PART I. IMMEDIATE CAUSE

(a) Burns 10% body DUE TO, OR AS A CONSEQUENCE OF

2. PART I. IMMEDIATE CAUSE

(b) Fire DUE TO, OR AS A CONSEQUENCE OF

3. PART I. IMMEDIATE CAUSE

(c)

4. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

None

5. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) 20a. Accident DATE OF INJURY (MONTH, DAY, YEAR) 20b. SEPTEMBER 17, 1978 HOUR 20c. 1:45 A.M. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d. FROM GAS EXPLOSION

6. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

INJURY AT WORK (YES/NO) 20e. YES PLACE OF INJURY AT HOME, FARM, OR PART FACTORY, OFFICE BUILDING, ETC. (SPECIFY) 20f. NATURAL GAS STA. LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST NO., COUNTY, STATE) 20g. LOWELL TWP. SO. LAKE COUNTY INDIANA.

7. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT ... 21a. MEDICAL EXAMINER'S SIGNATURE Robert J. Stein, M.D. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR 21b. 10 5 78 AT 21c. 2:00 A.M.

8. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

DATE SIGNED (MONTH, DAY, YEAR) 22. OCT 5, 1978

9. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

23. Robert J. Stein, M.D.

10. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL CEMETERY OR CREMATORY - NAME 24b. CHAPEL LAWN LOCATION: CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. SCHEREVILLE IND. 24d. 10-9-78

11. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. OPYT FUNERAL HOME 13350 BALTIMORE CHICAGO, ILL.

12. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

FUNERAL DIRECTOR'S SIGNATURE 25b. Paul Jacobs FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 7597

13. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

LOCAL REGISTRAR'S SIGNATURE 26a. Con Brewer FOREST PARK, ILLINOIS 60130 DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. OCT 5, 1978

14. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

VR202C (REV. 1/78) Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

15. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE

NOV 13 1990

SIGNED

Robert J. Stein

AT

Broadview, IL 60153

Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, Illinois. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.