

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

Below for State Office Use

91022400

Local No. **483**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. **26900**

FUNERAL HOME
283

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTION
SET
HARDWOOD

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Joseph				Kacoha	2. Male	June 18, 1979	
RACE—(a) g. When Both American Indian, see 1 (Specify)	AGE—Last Birthday (Yrs.)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH	
4. White	5a. 64	MOB	DAYS	HOURS	5b. March 9, 1915	7a. Lake	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number)		IF HOSP. OR INST. indicate DOA (Specify Am., Inpatient (Specify))	
7b. Hammond				7c. St. Margaret Hospital		7d. Inpatient	
STATE—(If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If death give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8. Indiana	9. U.S.A.		10. Married		11. Sophie Bojda		12. Yes WWII
13. 306-0178158		14. Carpenter & Operator		14b. Oil Refinery			
15a. Indiana		15b. Lake		15c. Hammond			
16a. 4245 Henry Avenue		16b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
17a. Stanley Kaczocha		17b. Mary Starosciak					
18a. Sophie Kacoha		18b. 4245 Henry Avenue Hammond, Indiana 46327		18c. Calumet City, Illinois		18d. 46327	
19a. Burial		19b. Holy Cross Cemetery		19c. Calumet City, Illinois		19d. 46327	
20a. June 21, 1979		20b. Anthony & Dziadowicz		20c. 4404 Cameron Ave. Hammond Indiana			
21a. Dr. Frank R. Hieber M.D.		21b. 6/19/79		21c. 12:20 P.M.			
22a. Dr. Frank R. Hieber M.D.		22b. JUN 19 1979					
23. Mrs. Melionas							
24. No							

FILED
MAY 13 1979

FUNERAL DIRECTOR'S
LICENSE No. 870

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.

JUN 19 1979

HAMMOND HEALTH COMMISSIONER

37-42-328 24

EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No