

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

91023289

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. *614*

TYPE OR PRINT  
PERMANENT  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

FUNERAL HOME  
No. 283

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED OR DEATH  
DECLARED IN  
INSTITUTION GIVE  
RESIDENCE BEFORE  
ADMISSION

PARENTS

DISPOSITION

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CAUSE

|   |  |  |   |
|---|--|--|---|
| DECEASED - NAME<br><b>Helen (Orzel) Owczarzak</b>                               |  | SEX<br><b>Female</b>   | DATE OF DEATH (MONTH, DAY, YEAR)<br><b>August 7, 1979</b> |
| RACE<br><b>White</b>  | AGE<br><b>68</b>                         | DATE OF BIRTH (MONTH, DAY, YEAR)<br><b>May 7, 1911</b>                                       | COUNTY OF DEATH<br><b>Lake</b>                            |
| CITY, TOWN OR LOCATION OF DEATH<br><b>Hammond</b>                               |  | HOSPITAL OR OTHER INSTITUTION<br><b>4738 Cameron Avenue</b>                                  |   |
| STATE OF BIRTH<br><b>Illinois</b>   | CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED<br><b>Married</b>                                  | SURVIVING SPOUSE<br><b>Joseph Owczarzak</b>               |
| SOCIAL SECURITY NUMBER<br><b>315-09-6116 A</b>                                  | USUAL OCCUPATION<br><b>Housewife</b>     | KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  |   |
| RESIDENCE - STATE<br><b>Indiana</b>   | CITY, TOWN OR LOCATION<br><b>Lake</b>    | CITY, TOWN OR LOCATION<br><b>Hammond</b>   |   |
| STREET AND NUMBER<br><b>4738 Cameron Avenue</b>                                 |  | IS DECEASED ON A FARM<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |   |
| FATHER - NAME<br><b>Thomas Orzel</b>  |  | MOTHER - MARRIED NAME<br><b>Louise</b>   |   |
| INFORMANT - NAME<br><b>Joseph Owczarzak</b>                                     |  | RESIDENCE<br><b>Hammond, Indiana</b>   |   |
| BURIAL OR CREMATION<br><b>Burial</b>  |  | LOCATION<br><b>Holy Cross Cemetery</b>   |   |
| DATE OF BURIAL OR CREMATION<br><b>August 9, 1979</b>                            |  | ADDRESS<br><b>Anthony &amp; Dziadowicz 4404 Cameron Ave. Hammond, Ind. 46327</b>             |   |
| NAME OF ATTENDING PHYSICIAN<br><b>Nicholas Egnatz M.D.</b>                      |  | DATE OF DEATH<br><b>8/7/79</b>   |   |
| MARITAL ADDRESS - PHYSICIAN<br><b>30 Douglas Street, Hammond, Indiana 46320</b> |  | TIME OF DEATH<br><b>8:45 a.m.</b>  |   |
| HEALTH STATUS<br><b>Small Cell carcinoma of right lung metastatic</b>           |  | DATE RECEIVED BY LOCAL HEALTH OFFICER<br><b>AUG 7 1979</b>                                   |   |
| CAUSE<br><b>Small Cell carcinoma of right lung metastatic 6 months</b>          |  |  |   |

584 OK 503  
REV '0 77

Ronald L Gray  
1244-119th St  
Whiting 46394

600

**FILED**  
MAY 15 1991

Below for State Office

INDIANA STATE BOARD OF HEALTH

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EMERALD'S NAME Bernard D. Anthony

FUNERAL DIRECTOR'S SIGNATURE *Bernard D. Anthony*

FUNERAL DIRECTOR'S LICENSE No. 870

FUNERAL HOME LICENSE No. 283

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

APR 08 1991

Date Issued

*Franklin J. Remuda M.D.*

HAMMOND HEALTH COMMISSIONER

Document is  
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This Document is the property of  
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**STOP**

