

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

91023962

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 2067-84

Below for State Office Use

A _____
B **FILED**
C _____
D **MAY 2 1988**
E _____
F *James N. [Signature]*
G _____
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FUNERAL HOME
No. 750

LICENSE No. 908
FUNERAL DIRECTOR'S
LICENSE No. 94

EMBALMER'S NAME Ronald A. Reed

FUNERAL DIRECTOR'S
SIGNATURE *Ronald A. Reed*

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
OR
D.O.

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

CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST ANDREW TIMKO		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) NOV. 1, 1984
2. RACE—(a) White, Black American Indian, etc. (Specify) Caucasian	AGE—Last Birthday (M Y D) 68	UNDER 1 YEAR MONTHS 68	UNDER 1 DAY HOURS MINUTES 5
3. CITY, TOWN OR LOCATION OF DEATH MUNSTER		4. COUNTY OF DEATH LAKE	
5. STATE OF BIRTH (If not in U.S.A. name country) Indiana		6. CITIZEN OF WHAT COUNTRY U.S.A.	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. SURVIVING SPOUSE (If only give maiden name) Helen Chervenyak	
9. SOCIAL SECURITY NUMBER 309-09-2524		10. USUAL OCCUPATION (Give kind of work done during most of working life prior to death) Salesman	
11. RESIDENCE—STATE COUNTY INDIANA LAKE		12. CITY, TOWN OR LOCATION HAMMOND	
13. STREET AND NUMBER 2732 41ST. STREET		14. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15. IS DECEASED OF SPANISH DESCENT? (Specify Spanish or Mexican, Puerto Rican, etc.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Year or Year 12) Yes	
17. FATHER—NAME FIRST MIDDLE LAST Fred Timko		18. MOTHER—MAIDEN NAME FIRST Mary Tomko	
19. INFORMANT—NAME (Type or print) RELATIONSHIP Helen Timko (Spouse)		20. MAILING ADDRESS (STREET OR R.F.D. NO.) CITY OR TOWN STATE 2732 41st Street Highland, Indiana 46322	
21. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		22. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Chapel Lawn Cemetery Schererville, Indiana	
23. DATE (MONTH DAY, YEAR) Nov 5, 1984		24. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE, ZIP) KUIPER FUNERAL HOME 9039 Kleinman Rd. Highland, Indiana	
25. NAME OF ATTENDING PHYSICIAN (Type or Print) LOWELL H. STEEN, M.D.		26. DATE SIGNED (M, Day Y) 11/2/84	
27. MAILING ADDRESS—PHYSICIAN 2450 169TH. ST. HAMMOND, IND. 46323		28. HOUR OF DEATH 9:20 P.M.	
29. HEALTH OFFICER—SIGNATURE <i>Paul Johnson</i>		30. DATE RECEIVED BY LOCAL HEALTH OFFICER 11-5-84	
31. PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Cerebral Arteriosclerosis		32. INTERVAL BETWEEN ONSET OF CAUSE AND DEATH 2 1/2 hrs	
31. PART I (b) _____ TO OR AS A CONSEQUENCE OF _____		32. INTERVAL BETWEEN ONSET AND DEATH _____	
31. PART I (c) _____ TO OR AS A CONSEQUENCE OF _____		32. INTERVAL BETWEEN ONSET AND DEATH _____	
33. PART II OTHER SIGNIFICANT CONDITIONS (Indicate conditions which contributed to death but which were not listed in PART I) Generalized Metastatic Carcinoma of Prostate Gland		34. AUTOPSY (Type or Print) No	

U1190

600

Key # 27-22-79

W. 70 Ft. of S. 159th St.
264 Ft. of S. 264th St.
E 1/2 S. 28th St. R. 9
E. 40th St. in Kennedy Ave.
126 Ac