

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

Below for State Office Use

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*Sheppard*  
*Bl. 10*  
*36-28-23*

92007285

Local No. *321*

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

*Donald R Gray*  
*1244-1194*  
State No. *Whiting 46394*

FUNERAL HOME  
No. *726*

LICENSE No. *4074*

DIRECTOR'S  
No. *702*

EMBALMER'S NAME  
*Martin Gabor*

FUNERAL DIRECTOR'S  
SIGNATURE  
*Jane*

DECEASED

DATE

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
EMERGENCY  
GAVE  
RISE TO  
EMERGENCY  
CAUSE  
STATING THE  
LEAST REASON  
CAUSE LAST

CAUSE

DECEASED - NAME (LAST, FIRST, MIDDLE)		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1 <b>STANLEY J. TOKARZ</b>		Male		April 25, 1983	
2 RACE (White, Black, Spanish, American Indian, Chinese, Japanese, Korean, Filipino, Hawaiian, Other)		AGE (LAST BIRTHDAY)		DATE OF BIRTH (MONTH, DAY, YEAR)	
3 White		61		7/06/1921	
4 CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION (Name, full or partial, street and number)		IF HOSP OR INST (name and No. of floor, room, apartment, etc.)	
5 Hammond		6 1829 Calumet Avenue		7d	
8 STATE OF BIRTH (or state in U.S.A. if foreign born)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (check one)	
9 Indiana		U.S.A.		10 Married	
11 SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Name, full or partial, street and number)		SURVIVING SPOUSE (Name, full or partial, street and number)	
12 311-12-3288		13 Retired		14 Florence Millo	
15 USUAL RESIDENCE WHERE DECEASED (NAME, FULL OR PARTIAL, STREET AND NUMBER)		CITY, TOWN OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
16 Indiana, Lake		17 Hammond, (Whiting P.O.)		18 American Oil Company	
19 RESIDENCE ON A FARM? (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> )		20 INSURE CITY LIMITS (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> )		21 Yes	
22 DECEASED OF SPANISH OR SPANISH AMERICAN, CUBAN, PUERTO RICAN, ETC. (YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> )					
23 FATHER - NAME (LAST, FIRST, MIDDLE)		MOTHER - MAIDEN NAME (LAST, FIRST, MIDDLE)			
24 Joseph Tokarz		25 Anna Kowal			
26 MARRIAGE - NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D., CITY OF TOWN, STATE, ZIP)	
27 Florence Tokarz, wife		28		29 1829 Calumet Ave., Whiting, Indiana, 46394	
30 BURIAL (Name, full or partial, street and number)		CEMETERY OR CREMATION - (FUNERAL HOME)		LOCATION (CITY OF TOWN, STATE, ZIP)	
31 Burial		32 Calumet Park Cemetery		33 Merrillville, Ind.	
34 MONTH, DAY, YEAR		FUNERAL HOME - (NAME AND ADDRESS)		CITY OF TOWN, STATE, ZIP	
35 April 29, 1983		36 Baran & Son, Inc., 1235-119th St., Whiting, Ind.		37 46394	
38 NAME OF ATTENDING PHYSICIAN (Last, First, Middle)		DATE SIGNED (Month, Day, Year)		HOUR OF DEATH	
39 Claude Foretz, D.O.		40 April 28, 1983		41 7:00 P.M.	
42 MAILING ADDRESS - PHYSICIAN (Name, full or partial, street and number)		43 HEALTH OFFICER (Name, full or partial, street and number)		DATE RECEIVED BY LOCAL, HEALTH OFFICER	
44 3831 Nehman Avenue, Hammond, Indiana, 46327		45		46 APR 29 1983	
47 PART 1 (a) ACUTE MYOCARDIAL INFARCTION		48 DUE TO OR AS A CONSEQUENCE OF		49 MINUTES	
50 PART 2 (b) CHRONIC CORONARY ATHEROSCLEROSIS		51 DUE TO OR AS A CONSEQUENCE OF		52 YEARS	
53 PART 3 (c) CHRONIC GENERALIZED ARTERIO SCLEROSIS		54 DUE TO OR AS A CONSEQUENCE OF		55 YEARS	
56 PART 4 (d) OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not reported to cause group in PART 1-3)		57		58 No	

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

JAN 10 1992

*Franklin J. Remuda M.D.*

Date Issued

HAMMOND HEALTH COMMISSIONER

