

92009756

INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

Hammond date Unit 11 2:50  
Key # 34-103-12  
State No. 1501736

Local No. 46

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 DECEASED—NAME (First Middle Last)<br><b>DOLORES VERONICA O'BOY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 2 SEX<br><b>FEMALE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          | 3a TIME OF DEATH<br><b>8:55 P.M.</b>                                                                                                                                                                                                                                                                                                                                          |  | 3b DATE OF DEATH (Month, Day, Year)<br><b>FEBRUARY 4, 1992</b>                                                                                                 |  |
| 4 SOCIAL SECURITY NUMBER<br><b>306-36-7822</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 5a AGE—Last Birthday (Years)<br><b>56</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          | 5b UNDER 1 YEAR<br>Months Days                                                                                                                                                                                                                                                                                                                                                |  | 5c UNDER 1 DAY<br>Hours Minutes                                                                                                                                |  |
| 6 DATE OF BIRTH (Mo, Day, Yr)<br><b>MARCH 14, 1935</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 7 BIRTHPLACE (City and State or Foreign Country)<br><b>EAST CHICAGO, INDIANA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                |  |
| 8a WAS DECEDENT A US VETERAN?<br><b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 8b YEAR LAST SERVED IN US ARMED FORCES?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          | 9a PLACE OF DEATH (Check only one. See instructions)<br><input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient<br><input type="checkbox"/> Outpatient <input type="checkbox"/> OCA<br><input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> Residence |  |                                                                                                                                                                |  |
| 9b FACILITY NAME (If not institution give street and number)<br><b>ST. CATHERINE HOSPITAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9c CITY TOWN OR LOCATION OF DEATH<br><b>EAST CHICAGO</b> |                                                                                                                                                                                                                                                                                                                                                                               |  | 9d COUNTY OF DEATH<br><b>LAKE</b>                                                                                                                              |  |
| 10 MARITAL STATUS (Specify)<br><b>MARRIED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 11 SURVIVING SPOUSE (If wife give maiden name)<br><b>EDWARD O'BOY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | 12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>TELETYPE OPERATOR</b>                                                                                                                                                                                                                                          |  | 12b KIND OF BUSINESS, INDUSTRY<br><b>TRANSPORTATION</b>                                                                                                        |  |
| 13a RESIDENCE—STATE<br><b>INDIANA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 13b COUNTY<br><b>LAKE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          | 13c CITY TOWN OR LOCATION<br><b>HAMMOND</b>                                                                                                                                                                                                                                                                                                                                   |  | 13d STREET AND NUMBER<br><b>3932 ORCHARD DR.</b>                                                                                                               |  |
| 13e ZIP CODE<br><b>46323</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 13f INSIDE CITY LIMITS<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          | 14 CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                     |  | 15 WAS DECEDENT OF HISPANIC ORIGIN?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.) |  |
| 16 RACE—American Indian, Black, White, etc. (Specify)<br><b>WHITE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 17 DECEASED'S EDUCATION (Specify only highest grade completed)<br><b>12</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          | 18 FATHER'S NAME (First Middle Last)<br><b>PETER BARSIC</b>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                |  |
| 19 MOTHER'S NAME (First Middle Maiden Surname)<br><b>ROSE HARASZY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 20a INFORMANT'S NAME (Type, Print)<br><b>EDWARD O'BOY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>3932 ORCHARD DR. HAMMOND, IN 46323</b>                                                                                                                                                                                                                                     |  | 20c Relationship<br><b>HUSBAND</b>                                                                                                                             |  |
| 21a METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                                |  | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, funeral home, or other place)<br><b>FEBRUARY 7, 1992 OAKLAND MEMORY LANES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          | 21c LOCATION—City or Town, State<br><b>DOLTON, ILLINOIS</b>                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                |  |
| 22a EMBALMER'S NAME<br><b>LEONARD GREGORCZYK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 22b EMBALMER'S LICENSE NO.<br><b>FD08800305</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | 23 WAS DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                |  |
| 24a SIGNATURE OF FUNERAL DIRECTOR<br><i>Edward Miller</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 24b LICENSE NUMBER (of Licensee)<br><b>FD01006015</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME<br><b>FAGEN-MILLER FUNERAL GARDENS, INC. 2828 HIGHWAY AVE. HIGHLAND, IN 46322 FH83003035</b>                                                                                                                                                                                                                             |  |                                                                                                                                                                |  |
| 26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.<br><br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>Breast Carcinoma with extensive Metastases to Brain, Spine, Pelvis, femur, skull.</b><br><br>Conditions, if any, which gave rise to the immediate cause stating the underlying cause last<br><b>Sepsis</b><br><b>Hypertension with Cardiac failure</b> |  | 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)<br><b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          | 28a WAS AN AUTOPSY PERFORMED? (Yes or no)<br><b>NO</b>                                                                                                                                                                                                                                                                                                                        |  | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)<br><b>NO</b>                                                            |  |
| 26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 29a CERTIFIER (Check only one)<br><input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.<br><input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.<br><input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. |                                                          |                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                |  |
| 29b SIGNATURE AND TITLE OF CERTIFIER<br><i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 29c MEDICAL LICENSE NO.<br><b>27951</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          | 29d DATE SIGNED (Month, Day, Year)<br><b>2-10-92</b>                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                |  |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print)<br><b>622 W Chicago Av EAST CHICAGO 46312</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                |  |
| 31 HEALTH OFFICER'S SIGNATURE<br><i>Dr. Timothy Ranzowich</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 32 DATE FILED (Month, Day, Year)<br><b>2-7-92</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                |  |
| 33 MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide                                                                                                                                                                                                                                                                                          |  | 34a DATE OF INJURY (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          | 34b TIME OF INJURY                                                                                                                                                                                                                                                                                                                                                            |  | 34c INJURY AT WORK? (Yes or no)                                                                                                                                |  |
| 34d DESCRIBE HOW INJURY OCCURRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)<br><b>FEB 19 1992</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          | 34f LOCATION (Street and Number or Rural Route Number, City or Town, State)                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                |  |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, driver, etc.<br><i>Driver M. Anton</i><br><b>AUDITOR LAKE COUNTY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                |  |



DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY