

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

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
NOV - 9 1982
Franklin J. Remuda, Sr.

HAMMOND HEALTH COMMISSIONER

Date Issued

LICENSE No. 265

WARREN C. HUBER

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 2497

FUNERAL HOME No. 286

Date 3, 4, 5 Bk 1, Nashville
Licenses, Hammond, PR Bk # 168705 Unit 26 - Day # 34-71-3 and 4
16pg 27

Local No. **875** INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

DECEASED - NAME 1 LEO R. JAPKOWSKI		SEX M	DATE OF DEATH (MONTH DAY YEAR) NOVEMBER 6, 1982		
RACE - (e.g. White, Black, American Indian, etc.) WHITE	AGE - Last Birthday (1/10) 72	UNDER 1 YEAR MO: _____ DAYS: _____	UNDER 1 DAY HOURS: _____ MINS: _____	DATE OF BIRTH (Mo. Day Yr.) APRIL 2, 1910	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH HAMMOND		HOSPITAL OR OTHER INSTITUTION - Name (if not in other give street and number) 2938 - 165th ST		IF HOSP OR INST indicate DOA or (Spec. Em. Impaired) (Specify) 7d	
STATE OF BIRTH (or nat in U.S. & home country) ILLINOIS	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	SURVIVING SPOUSE (if wife give maiden name) HELEN LECKOS		WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NO
SOCIAL SECURITY NUMBER 312-09-1380		USUAL OCCUPATION (Have kind of work done during most of working life. Do not list if retired) GRAIN OPERATOR		KIND OF BUSINESS OR INDUSTRY STEEL	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION INDIANA LAKE HAMMOND		STREET AND NUMBER 2938-165th ST.		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS (Specify Yes or No) YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO					
FATHER - NAME FRANK JAPKOWSKI		MOTHER - MAIDEN NAME LUCY STWINSKI			
INFORMANT - NAME (Type or Print) HELEN JAPKOWSKI WIFE		RELATIONSHIP WIFE		MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 2938-165th ST. HAMMOND IN 46323	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME HOLY CROSS CEMETERY		LOCATION CITY OR TOWN STATE CALUMET CITY ILL.	
DATE (MONTH DAY YEAR) NOVEMBER 10, 1982		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) VIRGIL HUBER FUNERAL HOME HAMMOND IN 46323		DATE SIGNED (Mo. Day Yr.) JUN 24 1992	
NAME OF ATTENDING PHYSICIAN (Type or Print) DANIEL MOTYKA D.O.		MAILING ADDRESS - PHYSICIAN 9335 CALUMET AVE MUNSTER IN		HOUR OF DEATH 01235	
HEALTH OFFICER - NAME Franklin J. Remuda, Sr.		DATE RECEIVED BY LOCAL HEALTH OFFICER NOV - 9 1982			
PART I (a) Cardiorespiratory Arrest		DUE TO OR AS A CONSEQUENCE OF (b) Decompensating Congestive Heart Failure		Interval between onset and death Minutes	
DUE TO OR AS A CONSEQUENCE OF (c) Coronary Artery Disease				Interval between onset and death Months	
PART II Cerebro-Vascular Accident, Hypothyroidism				Interval between onset and death Years	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) Cerebro-Vascular Accident, Hypothyroidism				AUTOPSY (Specify Yes or No) No	

1235