

Key # 36-418-14

33016487

INDIANA STATE BOARD OF HEALTH

Local No. 1171-92

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) Joseph C. Rapal		2 SEX Male	3a TIME OF DEATH 5:05A	3b DATE OF DEATH (Month Day Year) May 24, 1992
4 SOCIAL SECURITY NUMBER 310-18-2684	5a AGE—Last Birthday (Year) 78	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) MAR 19, 1914
7 BIRTHPLACE (City and State or Foreign Country) South Bend, Indiana	8a WAS DECEDENT A US VETERAN? No	8b YEAR LAST SERVED IN US ARMED FORCES? N/A	8c PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a FACILITY NAME (If not institution, give street and number) St. Anthony Nursing Home		9b CITY, TOWN, OR LOCATION OF DEATH Crown Point	9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (Type and name) Marie Jablonski	12a DECEDENT'S USUAL OCCUPATION (Give kind of work) College professor	12b KIND OF BUSINESS/INDUSTRY Education	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Hammond	13d STREET AND NUMBER 7028 Olcott Avenue	
13e ZIP CODE 46323	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <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) White
17 DECEDENT'S EDUCATION! (Specify only highest grade completed) Elementary/Secondary (0-12) 5+ College (13-16) 5+		18 FATHER'S NAME (First Middle Last) Casimir Rapal		
19 MOTHER'S NAME (First Middle Maiden Surname) Constance		20a INFORMANT'S NAME (Type/Print) Marie Rapal		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7028 Olcott Avenue, Hammond, IN 46323		20c Relationship Wife		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MAY 27, 1992 St. John Mausoleum		21c LOCATION—City or Town, State Hammond, Indiana
22a EMPLOYER'S NAME St. John's Church	22b EMBALMER'S LICENSE NO. 1906049	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE <i>Virgil Huber</i>	24b LICENSE NUMBER (of licensee) 1045362	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Virgil Huber Funeral Home 7051 Kennedy, Hammond, IN 46323		
26 (PART WITH HEALTH DEPT.) Enter the disease, 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. Valvular Heart Disease Congestive Heart Failure Anemia		27 (PART WITH HEALTH DEPT.) IMMEDIATE CAUSE (Final disease or condition resulting in death) JUN 17 1992		
28 (PART WITH HEALTH DEPT.) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.		29 (PART WITH HEALTH DEPT.)		
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