

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

Below for State Office Use

COMPLETE COPY OF THIS CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPT.  
JUL 26 1980

Disposition Permit Issued  
Provisional Certificate  
 Yes  No

EMBALMER'S NAME James Forston License No. 419

FUNERAL HOME No. 212  
FUNERAL DIRECTOR'S SIGNATURE  
FUNERAL DIRECTOR'S NAME HEATHER KAYE 829 EP

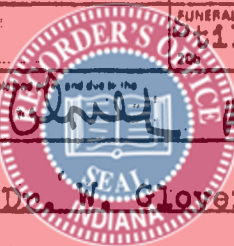
93018022

Local No. 1125-80

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Key# 47-26-38  
Schug Park South Broadway  
Add. N. 10th & L. 27, All L 38+  
State 3.5 Ft of L. 39 Bl. 7  
No.

DECEASED—NAME 1. <b>Betty Mae Soroka</b>		SEX <b>female</b>	DATE OF DEATH MONTH DAY YEAR <b>July 25, 1980</b>
RACE <b>white</b>	AGE—Last Birthday (Yr. M. D.) <b>53</b>	UNDER 1 YEAR MO. DATE	UNDER 1 DAY HOURS MINS
CITY, TOWN OR LOCATION OF DEATH <b>Hobart</b>		HOSPITAL OR OTHER INSTITUTION—Name if not in other (see prev. and number) <b>Hobart Mercy Hospital</b>	IF HUSB. OR INST. MEMBER DIA. EP/Low. No. (see prev. and number) <b>inpat.</b>
STATE OF BIRTH <b>Ind.</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	SURVIVING SPOUSE of date, give address (Specify) <b>Andrew Soroka</b>
SOCIAL SECURITY NUMBER <b>311-240786</b>	USUAL OCCUPATION (Give 1 and of work done during most of working life, even if retired) <b>seamstress</b>	KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	
RESIDENCE—STATE <b>Ind.</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Hobart</b>	
STREET AND NUMBER <b>3641 Maryland St.</b>		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT?—IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		STATE OF BIRTH <b>Ind.</b>	
PARENTS 16. FATHER—NAME FIRST MIDDLE LAST <b>John Kreiter</b>		17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Julia Koldus</b>	
INFORMANT—NAME (First or given) <b>Andrew Soroka</b>		MAILING ADDRESS—RESIDENT OR R.F.D. NO. CITY OR TOWN <b>3641 Maryland St. Gary, Ind.</b>	
DISPOSITION 18a. BURIAL, CREMATION, REMOVAL OTHER (Specify) <b>burial</b>		18b. CEMETERY OR CREMATORY—FUNERAL HOME <b>Chapel Lawn Mem. Gardens Schererville, Ind.</b>	
DATE (MONTH, DAY, YEAR) <b>July 28, 1980</b>		FUNERAL HOME—NAME AND ADDRESS <b>Stilnovich, Palmer &amp; Wiatrolik 4213 Bdwy. Gary, Ind.</b>	
20a. To the best of my knowledge, death occurred at the time, date, and place and due to the reasons stated. <b>W. Glover</b>		DATE SIGNED (Mo., Day, Yr.) <b>7-29-80</b>	
20b. NAME OF ATTENDING PHYSICIAN (If not as printed) <b>Dr. W. Glover</b>		HOUR OF DEATH <b>3 5</b>	
21a. MAILING ADDRESS—PHYSICIAN: <b>6111 Harrison St. Merr., Ind.</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>7-29-80</b>	
HEALTH OFFICER—SIGNATURE <b>W. Glover</b>		22. IMMEDIATE CAUSE (GIVE ONLY ONE CAUSE PER LINE (A) AND (B)) <b>Cachexia</b>	
23. PART (a) <b>Cachexia</b>		Interval between onset and death <b>1 Month</b>	
(b) <b>Carcinomatosis</b>		Interval between onset and death <b>10. 1/4 yr.</b>	
(c) <b>Breast Carcinoma</b>		Interval between onset and death	
24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART 1 (a) <b>Acute N. Antoin</b>		AUTOPSY—(Specify Yes or No) <b>60</b>	



FILED 7-29-80

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