

Key

36-176-9
36-176-10

Jane E McLean
71 1836 Ridge Rd
Munster 46321

Julius Judzinski Blvd. Add.

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No.

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

93024409 695

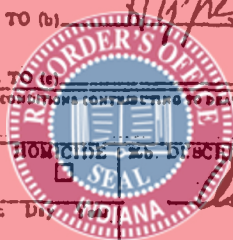
Refer to State Office File

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
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- W _____
- X _____
- Y _____
- Z _____

FUNERAL DIRECTOR'S LICENSE NO. 702
FURNALER'S NAME Martin Garbor
LICENSE NO. 4074

1. PLACE OF DEATH a. COUNTY <u>Lake</u>		3. USUAL RESIDENCE (Where deceased lived 11 months or more before admission) a. STATE <u>Indiana</u>		b. COUNTY <u>Lake</u>	
b. CITY, TOWN, OR LOCATION <u>Hammond</u> (Whiting P.O.)		c. Length of Stay in Ill <u>57 yrs.</u>		a. CITY, TOWN, OR LOCATION <u>(Whiting P.O.) Hammond</u>	
d. NAME OF HOSPITAL OR INSTITUTION <u>2302 Whiteoak Avenue</u>		4. STREET ADDRESS <u>2302 Whiteoak Avenue</u>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
5. NAME OF DECEASED (Type or print) <u>John Skvara</u>		6. DATE OF DEATH Month <u>Aug.</u> Day <u>23</u> Year <u>1966</u>			
6. SEX <u>Male</u>		7. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH Month <u>2</u> Day <u>22</u> Year <u>1909</u>	
9. AGE (In years last birthday) <u>57</u>		10. OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stillman the Lake County Recorder</u>		11. BIRTHPLACE (State or foreign country) <u>Whiting, Indiana</u>	
12. FATHER'S NAME <u>John Skvara</u>		13. MOTHER'S MAIDEN NAME <u>Julia Sabo</u>			
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War 2</u>		15. SOCIAL SECURITY NO. <u>313-01-5869</u>		16a. INFORMANT'S NAME <u>Mary Skvara</u>	
17. INFORMANT'S ADDRESS <u>2302 Whiteoak Ave., (Whiting, Ind) Hammond</u>		16b. RELATIONSHIP TO DECEASED <u>Wife</u>		STATE FILE NO. <u>FILED IN 27-98-93</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Myocardial Infarction</u> <u>Hypertension</u> ILL		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>		NO.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> BUICID <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>land N. Oates</u>			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>INDIANA</u>			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. ATTENDING PHYSICIAN: I certify that I attended the deceased from <u>1957</u> on <u>8/23/66</u> and last saw him alive on <u>8/23/66</u> . Death occurred at <u>11:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at _____ on _____ from causes stated and on above date.			
23a. Registrar of Vital Records or Health Officer <u>Wendell Reynolds, M.D.</u>		23b. ADDRESS <u>7330 Andy's Blvd.</u>		23c. DATE SIGNED <u>8/25/66</u>	
24. REMOVAL INFORMATION, RE DATE <u>8/27, 1966</u>		25. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		26. LOCATION <u>Hammond, Ind.</u>	
DATE RECEIVED BY LOCAL HEALTH OFFICER <u>8-30-66</u>		SIGNATURE OF DECEASED OFFICER <u>Franklin J. ...</u>		27. FUNERAL DIRECTOR'S ADDRESS <u>Jane E. McLean, Whiting, Ind.</u>	

Disposition Permit Issued Provisional Certificate Yes No



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

APR 28 1993

Franklin D. Remuda, M.D.

Date Issued

HAMMOND HEALTH COMMISSIONER

Continued



SAMUEL CRITCH

RECEIVED MAY 17 1993