

H0473097 LD

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

Below for State Office Use

Chicago Title Insurance Company

94022889

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 184

FUNERAL HOME  
No. 283

TYPE OR PRINT  
OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

USUAL RESIDENCE  
WHERE DECEASED  
LIVED IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

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

CAUSE

EMBALMER'S NAME  
FUNERAL DIRECTOR'S  
SIGNATURE

LICENSE No. 4237

FUNERAL DIRECTOR'S  
LICENSE No. 2269

THIS CERTIFIES, THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
SIGN IN SIDE WITH THE HAMMOND HEALTH DEPT.

*Franklin J. Drenth*  
HAMMOND HEALTH COMMISSIONER

Date Issued

CHAS. W. WELLS

*Walter J. Anthony*

DECEASED - NAME 1 FIRST MIDDLE LAST BERNARD A. DZIADOWICZ			SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 MARCH 13, 1986
RACE - (as of White, Black, American Indian, etc.) (Specify) 4 WHITE	AGE - (Last Birthday) (Yrs) 5a 69	UNDER 1 YEAR MOE DAYS 5b	UNDER 1 DAY HOURS MINES 5c	DATE OF BIRTH (Mo. Day Yr.) 6 12/30/1916
CITY, TOWN OR LOCATION OF DEATH 7a HAMMOND		HOSPITAL OR OTHER INSTITUTION - (Name if not in other's grave street and number) 7c ST. MARGARET HOSPITAL		IF HOSP OR INST. - (Indicate DOA, OP, Hosp, Res, Institution, (Specify) 7d INPATIENT
STATE OF BIRTH (if not in U.S.A. name country) 8 INDIANA	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 MARRIED	SURVIVING SPOUSE (if with grave marker name) 11 NANCY BAKER	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yrs or Mo) 12 YES WWII
SOCIAL SECURITY NUMBER 13 312-09-9422		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a FUNERAL DIRECTOR/EMBALMER	KIND OF BUSINESS OR INDUSTRY 14b FUNERAL HOME	
RESIDENCE - STATE 15a INDIANA	COUNTY 15b LAKE	CITY, TOWN OR LOCATION 15c HAMMOND		RESIDENCE ON A FARM? 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 4404 CAMERON AVENUE		RESIDENCE ON A FARM? 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS? (Specify Yrs or Mo) 16b YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 17a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> MAR 26 1994				
FATHER - NAME 18a IGNATIUS DZIADOWICZ		MOTHER - MAIDEN NAME 18b CAROLINE KRUPA		
INFORMANT - NAME (Type or grade) 19a NANCY DZIADOWICZ WIFE		RELATIONSHIP 19b WIFE	MAILING ADDRESS 19c 4404 CAMERON AVENUE, HAMMOND, INDIANA 46327	CITY OR TOWN 19d HAMMOND
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 20a BURIAL		CEMETERY OR CREMATORY - FUNERAL HOME 20b HOLY CROSS CEMETERY	LOCATION 20c CALUMET CITY, ILLINOIS	
DATE (MONTH DAY YEAR) 21a MARCH 17, 1986		FUNERAL HOME - NAME AND ADDRESS 21b ANTHONY & DZIADOWICZ 4404 CAMERON, HAMMOND, IN 46327		
To the best of my knowledge, death occurred on the date and place and due to the cause stated. 21a (Signature) <i>Claude Foreit DO</i>		DATE SIGNED (Mo. Day Yr.) 21b 3/13/1986	HOUR OF DEATH 21c 11:50 AM	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d CLAUDE FOREIT, DO.		MAILING ADDRESS - PHYSICIAN 21e 3831 HOHMAN AVENUE, HAMMOND, IN 46327		
HEALTH OFFICER - SIGNATURE 22a <i>Franklin J. Drenth</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b MAR 17 1986		
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE) PART I (a) CARDIAC ARREST		Interval between onset and death SECONDS		
(b) SEVERE CARDIOMYOPATHY		Interval between onset and death YEARS		
(c) CORONARY ARTERY DISEASE		Interval between onset and death YEARS		
PART II OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death that related to cause given in PART I (a)) DIABETES MELLITUS.		ALLSPY (Specify Yrs or Mo) 24 NO		

01561