

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 784027726

Date Issued: Sept. 22, 1993
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

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) EINER MATSON				2 SEX Male	3a TIME OF DEATH 12:30A M	3b DATE OF DEATH (Month, Day, Year) September 20, 1993
4 SOCIAL SECURITY NUMBER 347-07-8663		5a AGE—Last Birthday (Years) 85	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) April 30, 1908	7 BIRTHPLACE (City and State or Foreign Country) Superior, Wisconsin
8a WAS DECEDENT A US VETERAN? No	8b YEAR LAST SERVED IN US ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one See instructions): <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence				
9b FACILITY NAME (If not institution, give street and number) 6634 Ohio Avenue			9c CITY, TOWN, OR LOCATION OF DEATH Hammond		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Jean Podkul		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Grocery store owner		12b KIND OF BUSINESS/INDUSTRY Retail Food
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Hammond		13d STREET AND NUMBER 6634 Ohio Avenue
13e ZIP CODE 46323	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16 RACE—American Indian, Black, White, etc (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (11-4 or 5+) <input type="checkbox"/>			18 FATHER'S NAME (First, Middle, Last) Andrew Matson			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Olena Olson			20a INFORMANT'S NAME (Type/Print) Jean Matson			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6634 Ohio Av., Hammond, IN 46323			20c Relationship Wife			
21a METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) September 23, 1993 Holy Cross Cemetery			21c LOCATION—City or Town, State Calumet City, Illinois	
22a EMBALMERS NAME George J. Johnson			22b EMBALMERS LICENSE NO. FDE 8900060		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Charles J. Schaefer</i>			24b LICENSE NUMBER (of Licensee) FDE 1006049		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME VIRGIL HUBER FUNERAL HOME FH3002869 7051 Kennedy Av., Hammond, IN, 46323	
26. PART I 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. Approximate Interval Between Onset and Death						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Carcinoma of Right Lung with lung metastases DUE TO (OR AS A CONSEQUENCE OF)						
b. _____ DUE TO (OR AS A CONSEQUENCE OF)						
c. _____ DUE TO (OR AS A CONSEQUENCE OF)						
d. _____ DUE TO (OR AS A CONSEQUENCE OF)						
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I						
27. WAS DECEDENT PREGNANT, OR 90 DAYS POSTPARTUM? (Yes or no) N/A			28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (I am a physician, and I know the date, date, and place, and due to the cause(s) as stated.) <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.						
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Franklin D. Remuda M.D.</i>					29c. MEDICAL LICENSE NO. 32599	
29d. DATE SIGNED (Month, Day, Year) September 20, 1993						
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) U. Kalokhe, M.D., 5454 Hohman Avenue, Hammond, Indiana 46320						
31. HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda M.D.</i>						32. DATE FILED (Month, Day, Year) September 22, 1993
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined. <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

Block 13 Clinic
Gardens 2nd Add
lot 21
Key # 32-235-21
Unit # 26

Document is NOT OFFICIAL
This Document is not for distribution outside the State of Indiana
FILED
APR 13 1994

STATE OF INDIANA
FILED
APR 13 1994
S.S. ID

00806