

\*ATTENTION STATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.\*

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

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Local No. **369**

May 19, 1995  
Filed Issued *J. G. ...*  
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

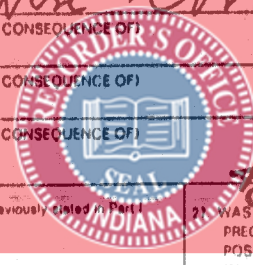
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED--NAME (First Middle Last) <b>GUS FRANCIS BADAR</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>2:30P. M.</b>	3b DATE OF DEATH (Month Day Yr) <b>MAY 17, 1995</b>	
4 SOCIAL SECURITY NUMBER <b>306-03-0212</b>	5a AGE--Last Birthday (Year) <b>77</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>FEB 7, 1918</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>EAST CHICAGO, INDIANA</b>	8a WAS DECEDENT A US VETERAN? <b>NO</b>				
8b YEAR LAST SERVED IN US ARMED FORCES?		8c PLACE OF DEATH (Check only one See instructions)			
9a FACILITY NAME (If not institution give street and number) <b>ST. MARGARET MERCY NORTH</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>HAMMOND</b>		9c COUNTY OF DEATH <b>LAKE</b>	
10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>MARY KOZA</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>PT/PFITTER</b>		12b KIND OF BUSINESS/INDUSTRY <b>LOCAL 597</b>	
13a RESIDENCE--STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY, TOWN OR LOCATION <b>HIGHLAND</b>		13d STREET AND NUMBER <b>9215 WOODWARD AVE</b>	
13e ZIP CODE <b>46322</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>WHITE</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>10</b> College (1-4)		18 FATHER'S NAME (First Middle Last) <b>STEPHAN BADAR</b>			
19 MOTHER'S NAME (First Middle Maiden Surname) <b>HELEN BITTICK</b>		20a INFORMANT'S NAME (Type, Print) <b>MARY BADAR</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>9215 WOODWARD AVE HIGHLAND, IN 46322</b>		20c Relationship <b>WIFE</b>			
21a METHOD OF DISPOSITION <input checked="" 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, City or Town, State, Zip Code) <b>ST. JOHN CEMETERY</b>		21c LOCATION--City or Town State <b>HAMMOND, INDIANA</b>	
22a EMBALMER'S NAME <b>MARC J. MOSQUEDA</b>		22b EMBALMER'S LICENSE NO <b>FDO8800240</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of License) <b>FDO1006015</b>		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>EAGEN MILLER FUNERAL GARDENS, INC. 2828 HIGHWAY AVE. HIGHLAND, IN 46322</b> <b>FI183003035</b>	
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 <b>Severe Coronary Disease</b>					
26 PART II Other significant conditions: Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT 90 DAYS POSTPARTUM (Yes or no) <b>NO</b>					
28a WAS AN AUTOPSY PERFORMED (Yes or no) <b>NO</b>					
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>					
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> <b>CERTIFYING PHYSICIAN</b> To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> <b>HEALTH OFFICER</b> 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"/> <b>CORONER</b> 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>[Signature]</i>			29c MEDICAL LICENSE NO <b>01037564</b>	29d DATE SIGNED (Month Day Year) <b>MAY 19 95</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) <b>Prakash MAYAM 9122 Columbia Ave. Monster, IN 46321</b>					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day Year) <b>MAY 19 1995</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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. <b>COOPER 800</b>			



**FILED**  
JUN 8 1995  
LAKE COUNTY RECORDER

95032162

95 JUN -30 AM 9:00

LAKE COUNTY FILED FOR RECORD

Lot Seventy-Six (76), THE MEADOWS 1ST ADDITION,  
Unit Seven (7), to the Town of Highland, Lake  
County, Indiana.

Tax Key No. 27-371-8.

Commonly known as 9215 Woodward Avenue,  
Highland, IN 46322.

