

REGISTRATION DISTRICT NO. 16.32
 REGISTERED NUMBER 308-

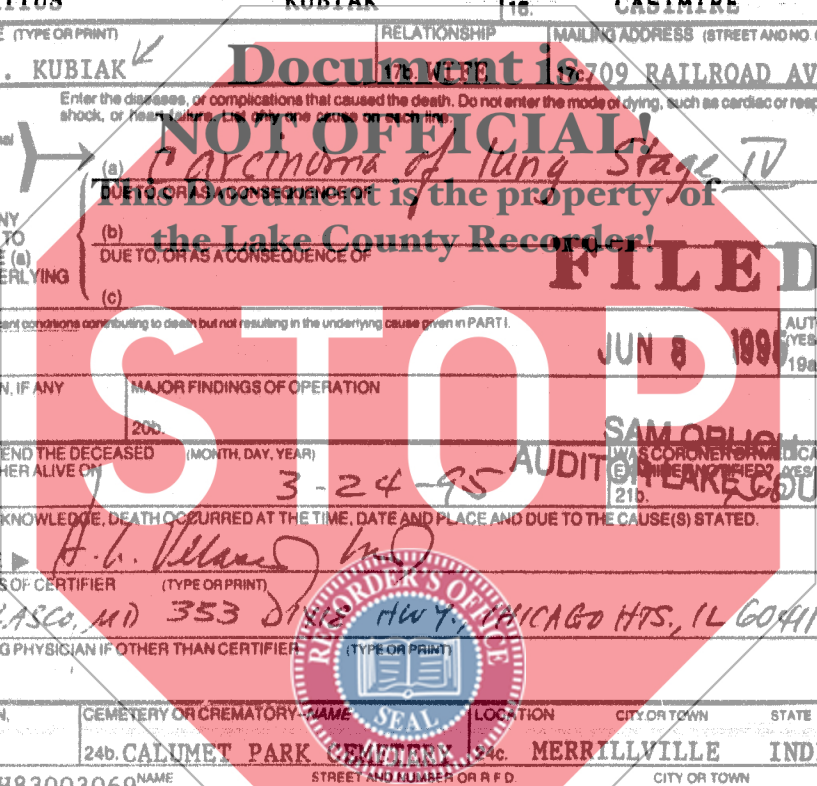
STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

17-156-344

| | | | | | |
|---|-------------------------------|---|--|---|---|
| 1. DECEASED—NAME FIRST MIDDLE LAST <u>ISADORE KUBIAK</u> | | SEX <u>M</u> | DATE OF DEATH (MONTH, DAY, YEAR) <u>3. MARCH 24TH 1995</u> | | |
| 4. COUNTY OF DEATH <u>COOK</u> | | AGE—LAST BIRTHDAY (YRS) 5a. <u>80</u> | UNDER 1 YEAR 5b. <u> </u> MONTHS <u> </u> DAYS | UNDER 1 DAY 5c. <u> </u> HOURS <u> </u> MIN | DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <u>JULY 13, 1914</u> |
| 6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>CHICAGO HEIGHTS</u> | | 6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>ST. JAMES HOSPITAL</u> | | 6c. IF HOSP. OR INST. INDICATE D.O.A. OR FEMER. PM. INPATIENT (SPECIFY) <u>INPATIENT</u> | |
| 7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>CHICAGO, IL</u> | | 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>MARRIED</u> | | 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>IRENE D. YOUNG</u> | 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <u>NO</u> |
| 10. SOCIAL SECURITY NUMBER <u>313-07-9966</u> | | 11a. USUAL OCCUPATION <u>ROLLER</u> | | 11b. KIND OF BUSINESS OR INDUSTRY <u>U.S. STEEL</u> | 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <u>8</u> College (1-4 or 8+) <u> </u> |
| 13a. RESIDENCE (STREET AND NUMBER) <u>709 RAILROAD AVENUE</u> | | 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>HOBERT</u> | | 13c. INSIDE CITY (YES/NO) <u>YES</u> | 13d. COUNTY <u>LAKE</u> |
| 13e. STATE <u>INDIANA</u> | 13f. ZIP CODE <u>46342</u> | 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <u>WHITE</u> | | 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: <u> </u> | |
| 15. FATHER—NAME FIRST MIDDLE LAST <u>IGNATIUS KUBIAK</u> | | 15. MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST <u>CASIMIRE EJGHOST</u> | | | |
| 17a. INFORMANT'S NAME (TYPE OR PRINT) <u>IRENE D. KUBIAK</u> | | 17b. RELATIONSHIP <u>WIFE</u> | | 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <u>709 RAILROAD AVE. HOBERT, IN 46342</u> | |
| 18. PART I. Immediate Cause (Final disease or condition resulting in death) <u>(a) Carcinoma of lung Stage IV</u> | | 18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <u> </u> | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u> </u> | |
| 20a. DATE OF OPERATION, IF ANY <u> </u> | | 20b. MAJOR FINDINGS OF OPERATION <u> </u> | | 19a. AUTOPSY (YES/NO) <u>NO</u> | |
| 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <u> </u> | | 21b. I WAS CORONER OR MEDICAL EXAMINER (YES/NO) <u> </u> | | 20c. IF FEMALE, WAS THERE A PREGNANCY IN THE THREE MONTHS? <u> </u> | |
| 22a. SIGNATURE <u>H.A. VELASCO, MD</u> | | 22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>353 DIVER HWY., CHICAGO HTS., IL 60411</u> | | 22b. DATE SIGNED (MONTH, DAY, YEAR) <u>4-5-95</u> | |
| 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <u> </u> | | 22d. ILLINOIS LICENSE NUMBER <u>36-39414</u> | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | |
| 24a. BURIAL CREMATION REMOVAL (SPECIFY) <u>BURIAL</u> | | 24b. CEMETERY OR CREMATORY—NAME <u>CALUMET PARK CEMETERY</u> | | 24c. LOCATION CITY OR TOWN STATE <u>MERRILLVILLE INDIANA</u> | |
| 25a. FUNERAL HOME NAME <u>REES FUNERAL HOME, INC.</u> | | 25b. STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <u>600 W. OLD RIDGE RD. HOBERT INDIANA 46342</u> | | 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>FDO1006463</u> | |
| 25b. FUNERAL DIRECTOR'S SIGNATURE <u>James J. Krause</u> | | 25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>April 12, 1995</u> | | 26a. LOCAL REGISTRAR'S SIGNATURE <u>John M. Costabile</u> | |



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR REC'D
 95 JUN - 9 AM 9:18
 REC'D

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEASED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: 4-12-95 SIGNED: John M. Costabile
 AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

600