

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
JAN 16 1973

HAMMOND HEALTH COMMISSIONER

Date issued

FUNERAL HOME LICENSE No. 2141  
FUNERAL DIRECTOR'S LICENSE No. 598

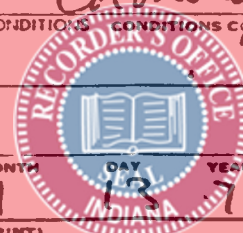
FILED

SAM ORLICH

ADDY FOR LAKE COUNTY

1 41 Market Square 1st Add to Munster L-36  
INDIANA STATE BOARD OF HEALTH  
Local No. 28-210-36 MEDICAL CERTIFICATE OF DEATH State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST 1. WILLIAM E KELLY			SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. 1-13-73
RACE 4. WHITE		AGE—LAST BIRTHDAY (YEARS) 5a. 64	UNDER 1 YEAR MON. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 10-3-1908	COUNTY OF DEATH 7a. LAKE
DECEASED 7b. HAMMOND		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c.		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. ST MARGARET HOSPITAL		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. ILLINOIS		CITIZEN OF WHAT COUNTRY, 9. U.S.A.		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10. LUCELLE BOREK		
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 12. 306-63-7		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13. STEEL MILL		11. LUCELLE BOREK		
RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION 14a. INDIANA 14b. LAKE 14c. MUNSTER		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. YES		TOWNSHIP 14e. NORTH		
STREET AND NUMBER 14f. 8100		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		15 RESIDENCE ON A FARM? 14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PARENTS 15. EDWARD KELLY		MOTHER—MAIDEN NAME 16. BESSIE NOVAK		INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17a. Lucelle Kelly 17b. Wife 17c. 8100 Euclid Munster Ind		
PART I. DEATH WAS CAUSED BY		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Ventricular Fibrillation					Immediate	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST		(b) Acute Coronary Occlusion			Immediate	
		(c) Coronary Atherosclerosis			years	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE			AUTOPSY YES <input type="checkbox"/> NO <input type="checkbox"/> 19a.	
					IF YES, WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH? 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
LATE & TIME OF DEATH 20. 1 13 4:30 PM		DATE SIGNED 21a. 1 15 73		SIGNATURE OF PHYSICIAN 22b. Tom Chaslow M.D.		
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 22a.		STREET OR R.F.D. NO.		CITY OR TOWN STATE ZIP		
23.		CEMETERY, CREMATORY, FUNERAL HOME 24b. HOLY CROSS		LOCATION CITY OR TOWN STATE 24c. CALUMET CITY ILLINOIS		
24a. BURIAL		FUNERAL HOME—NAME AND ADDRESS 25a. MYSLIWIY FUNERAL HOME HAMMOND, IND.		DATE (MONTH, DAY, YEAR) 24d. 1-16-73		
25.		DEATH OFFICER—SIGNATURE 26. G. [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 27. JAN 16 1973		



STATE OF INDIANA  
LAKE COUNTY  
FILED  
JAN 16 1973  
AM 11:30

9<sup>00</sup> MB