1 H 493895 LP

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 864

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

Oct 28 1996 — Date Issued — Hammond Health Commissioner

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): John J. Krupa
2 SEX: Male
3a TIME OF DEATH: 2:10 p M
3b DATE OF DEATH (Month Day Yr): October 24, 1996
4 SOCIAL SECURITY NUMBER: 309-09-1197
5a AGE—Last Birthday (Years): 84
5b UNDER 1 YEAR (Months, Days):
5c UNDER 1 DAY (Hours, Minutes):
6 DATE OF BIRTH (Mo Day Yr): August 1, 1912
7 BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
8a WAS DECEDENT A US VETERAN?: No
8b YEAR LAST SERVED IN US ARMED FORCES?: -
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b FACILITY NAME (If not institution, give street and number): St. Margaret Mercy Hospital
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): Sylvia Bolek
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner
12b KIND OF BUSINESS/INDUSTRY: Tavern
13a RESIDENCE—STATE: Illinois
13b COUNTY: Cook
13c CITY, TOWN OR LOCATION: Chicago
13d STREET AND NUMBER: 13360 Avenue M
13e ZIP CODE: 60633
13f INSIDE CITY LIMITS: ☐ No ☒ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY: USA
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican etc): No
16 RACE—American Indian, Black, White etc (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

FILED

PARENTS

18 FATHER'S NAME (First Middle Last): John Krupa
19 MOTHER'S NAME (First Middle Maiden Surname): Antoinette Madejowski

NOV 17 1997

INFORMANT

20a INFORMANT'S NAME (Type/Print): Sylvia Krupa
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 13360 Avenue M, Chicago, Illinois 60633
20c Relationship: Wife

SAM ORLICH
AUDITOR LAKE COUNTY

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Oct. 24, 1996 Opyt Funeral Home; Oct. 28, 1996 Holy Cross Cemetery
21c LOCATION—City or Town, State: Chicago, Illinois; Calumet City, Illinois
22a EMBALMER'S NAME: N/A
22b EMBALMER'S LICENSE NO: N/A
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Keith D. Anthony
24b LICENSE NUMBER (of Licensee): 01011911
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Anthony & Dziadowicz FH 83002835, 4404 Cameron Ave., Hammond, IN 46327

9790023

97 NOV 13 AM 10:33
MORRIS W. CARTER, RECORDER
STATE OF INDIANA, LAKE COUNTY, FILED FOR RECORD

CAUSE OF DEATH

26 PART I. Enter the diseases, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Respiratory Arrest
DUE TO (OR AS A CONSEQUENCE OF)
b. Massive Intracerebral Bleeding
DUE TO (OR AS A CONSEQUENCE OF)
c. Diffuse Atherosclerosis
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions if any which gave rise to the immediate cause stating the underlying cause last. Approximate Interval Between Onset and Death:

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I: S/P Aortic Valve Replacement, Coumadin Anticoagulation, Atrial Fibrillation, Angina/Heart Failure

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no):
28a WAS AN AUTOPSY PERFORMED? (Yes or no):
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):

CERTIFIER

29a CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated
☐ 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
☐ 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: Richard Smith, D.O.
29c MEDICAL LICENSE NO: 747
29d DATE SIGNED (Month Day Year): October 28, 1996
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): C. R. Smith, D.O. U.S. Highway 30, Dyer, Indiana 46311

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Franklin J. Orzmunda M.D.
32 DATE FILED (Month Day Year): OCT 28 1996

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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:

000991

$9.00 pd

Key 11-30-35
pt NE Sec 36-35-10

Chicago Title Insurance Company

SDH 06-004 State Form 10110 (R4/3-93) Deathcer/PD 1