* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is

"THIS CERTIFIES THE	ER	NOUS	1G I	SA	TRUE	٩A
COMPLETE COPY	DF	HIAID	Q11	FILE	WITH	T
HAMMOND HEALT	# 1	DEPARTA	AENT			

pursue its statu	t by this state agency in order to itory responsibility. Disclosure is ere will be no penalty for refusal.
-	497

CERTIFICATE OF DEATH

_	June 26, 1997 Date Issued	- IrmA	4.90	Address	يار
5	Date Issued .	, Hammund	Health C	ommiss	ioner

•	THE RECORDS IN THIS	SERIES ARE CO	ONFIDENTIAL PE	R IC 16-1-19)-3						· 1		
TYPE/PRINT	1 DECEASED—NAME (Fire)			rokop	onle	<u></u>	2 SE		3a TIME OF DEA	1	DATE OF DE		
IN	Andrew 4. *social security number	Walt	E-Last Birthday		RIYEAR	Sc UNDER	Ma		12:24 BIRTH (Ma. Dev. Yr)		June: 23.		
'ERMANENT BLACK INK	1	. ire	ners)	Months		Hours	Minutes	_		- 1			s or Foreign Country)
DEACK HAK	324-20-7964		69 ST SERVED IN						t 30,1927		nicago,	IL	
	A US VETERANT		D FORCES?	HOSPITAL	Ø Inpetie	rt			R Nursing Home				
	Yes	1947	,			stpetient 🔲 (OQA	10111	Residence				•
DECEDENT	96 FACILITY NAME (If not instit	ution. give street e	nd number)			_		TOWN OR L	OCATION OF DEATH		9d COUNTY OF	DEATH	
DECEDENT	St. Margaret	Mercy -	North C	Campus		1	Ha	mmond			Lake		ט
	10 MARITAL STATUS 11 SURVIVING (Specify) (If wife give				IT'S USU	T'S USUAL OCCUPATION (Give kind of work g most of working life Do not use retired)			126. KIND OF BUSINESS/INDUSTRY				
	Merried		Laskows	ki		Foreme	3D -	ChemL	ab	- 1	Wiscon	gin	Steel Co.
	130 RESIDENCE-STATE	136 COUNTY		13c CITY, T	OWN OR L	OCATION			13d STREET AND N	UMBER		Ü	
	Indiana	Lake		Hamm	ond				3360 Ke	nwo	od Stre		
	13e ZIP CODE 13F INSIDE C		CITIZEN OF			F HISPANIC C			CE-American Indian,				DUCATION
	<u> </u>		WHAT COUNTRY		No 🔲 Yo In Puerto Ric		ipec#y Cut	1	eck, White etc (pecify)	Flan	(Specify only entary/Secondary		gede completed) College (1-4 or 5 +)
	46323 N NO	- 1	USA					l w	hite	L COMMITTEE	12	10-12)	Conege (1-4 or 5 +)
	18 FATHERS NAME (Frat Midd	<u> </u>		<u> </u>			19 MO		E (First Middle Meiden	Surnem			<u> </u>
PARENTS			okopcajk	:				Sopho	_				
NEODLANIZ	20s INFORMANT & NAME (Type		, J.		MAILING	ADDRESS (Str			i Route Number. City o		State. Zip Code)	20c F	Relationship
NFORMANT	Leona Prokope	•	(−)						mond, IN		323	1	fe
1.1	21s METHOD OF DISPOSITION		N			OF DISPOSITI				21¢ LC	CATION—City		
ma ling	☐ Buriel	☐ Removel fr	1	other ple		June 2		•			3	9	
Gridant,	☐ Donetion ☐ Other (Spec					land M	•		es	Do	olto 🖳	IS	FIL
DISPOSITION	220 EMBALMERS NAME			226 EM		ICENSE NO			WAS DEATH REPO	RTED TO	CORONER		一方にヨー
	Elden B. LeHa	yne		FD	01000	857			XX No 🗆 v	es ,	200	-	
ľ	248 SIGNATURE OF FUNERAL D	RECTOR			24b LIC	ENSE NUMBE	R	25 NAM	E. ADDRESS, AND LIC	ENSE N	UMBER OF FUNE	RAL HOA	E07
	Eliley B	Rule	n sa ne na na		i (ol	Licenses)	er d'	LeH	ayna Funa	rel	Home, I	φ.,	£12194000
	colu D	JUAR	gue-		FD	010008	57	695	5 Southea	ster	n Aye.	, Ham	Monte IN46
Ĭ	26 PART Enter the diese	ses insurses or co	mplications that caus	ed the death	Do not enter	nonspecific ter	ms such s	e cerdiec or	respiratory		ēr	••	77 Aberranete
I	••		only one cause on								- '' ;	i	Top Opmote Inter Presented
	MANAGORATE CAUSE (Final Cerebral Vascular accident " Onsel and Death												
- 1	disease or condition resulting in death)	T . aqua	DUE TO (O	AS A CONS	SEQUENCE	OF)							
AUSE OF	seeding as desire.	'. b		UE TO (OR AS A CONSEQUENCE OF)									
	Conditions if any which gave rise to the immediate cause		DUE TO (Q)	AS A CONS	SEQUENCE	OF1							
3	stating the underlying cause lest	yr, C	DUE TO (OF	AS A CONS	SEQUENCE	OF)		*****					
mg		đ				-							
< / " Г	PART II Other significant conditions	. Conditions con	relyting to death by	I AND EVENUE	ly stated in P	901 03	WAC DE	CEDCUE			DCV 405 16	/CDC A: 17	OREV EINDINGS
3 3 4 3 1	Militar Other adjunction common		t not previous	PREGNANT			ANT OR BO	T OR BO DAYS PERFORMED?			AVAILABLE PRIOR TO		
्या ल ह	erry was any	es e la	1				POSTPARTUM? (Yee or no) (Yes or no)				COMPLETION OF CAUSE OF DEATH? (Yes or no)		
E KARL							N		N	0		NC	
ਹੋਰ 🐪 📑	90 CERTIFIER XI C	ERTIFYING PHYS	ICIAN To the bea	it of my knowl	ledge, death	occurred at the	time, date,	and place ar	nd due to the cause(s) s	s steled			. :
50 2	(Check only DH	EALTH OFFICER	On the bears of ex	emination and	i/or investiga	tion in my opin	ion, death	occurred at th	he time, date and place.	and due	to the cause(s) s	s stated	
g - 3		ORONER On th	e basis of examinetic	on and/or inve	stigation, in i	my opinion, dea	th occurre	d at the time.	date, and place, and du	e to the	cause(s) and man	ner es slat	led
1,	196 SIGNATURE AND TITLE OF	CERTIFIER /	Lil	12				29	MEDICAL LICENSE	NO	29d DA	TE SIGNE	D (Month Day, Year)
ERTIFIER		19	T CO	~					25640		6	. 2	3-97
3	NAME AND ADDRESS OF PER	SON WHO COM	PLEME CAUSE OF	F DEATH CITE	М 26) (Тура	/Frint)					Wun	u)	
ļ	R. Shah.	M. D.	7905 Ca	lumet	Aveni	ie_Mun	ster.	_Ind t	Lana. 463	321			
. LI LI .	HEALTH OFFICERS SICH	* , .	9/3				_ '						Month Day Year)
FICER	24	contestin	ر کا بی ا	Nem	nida	mi	D).				Jur	e 2	5, 1997
-	3 MANNER OF DEATH	- 11 a 1 - 340	DATE OF INJURY	34b	TIME OF	34c INJU	RY AT W	ORK?	346 DESCRIBE HO	N INJUR	Y OCCURRED		
		(Month, Day, Year)	· '	INJURY	17	M,M	'N' +	A M M					
	Natural Pending										ļ		
	Accident		PLACE OF INJURY	At home Id	arm atreet, fa	ectory, office		34 LOCA	TION (Street and Num	ber or Ru	ural Route Numbe	City or	Town, State)
l	Suicide Could not be Determined		building etc (Specif				أمرزا	12	1007				
1	☐ Homicide						اماليا	12	1997				
34	g DATE PRONOUNCED DEAD	Month, Day, Year)	34h MOTOR	VEHICLE ACC	CIDENT' (Y	es or no) If y	es specify	driver, passe	nger, pedestrien, etc				
1							SAR	/ ORL	ICH				
					1	יבווי	מסו	4-4-4	- W			تبب	A 17/4

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1