

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME
2000 040431
Martin Gabor

LICENSE No. 4074

FUNERAL HOME
No. 726
FUNERAL DIRECTOR'S
LICENSE No. 702
Drene Baran
FUNERAL DIRECTOR'S
SIGNATURE

Local No. 365

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State
No.

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

DECEASED—NAME FIRST MIDDLE LAST 1. BENEDICT M. PUPLAVA			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. October 4, 1985
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4. White	AGE—Last Birthday (Yr.) 5a. 53	UNDER 1 YEAR 5b. MOS	UNDER 1 DAY 5c. HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6. 04/04/1932
CITY, TOWN OR LOCATION OF DEATH 7b. East Chicago		HOSPITAL OR OTHER INSTITUTION—Name (if not in author, give street and number) 7c. St. Catherine Hospital		COUNTY OF DEATH 7a. Lake
STATE OF BIRTH (if not in U.S.A. name country) 8. Indiana	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (if wife, give maiden name) 11. Anna Schnur	
SOCIAL SECURITY NUMBER 13. 311-28-2219		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Bailiff	KIND OF BUSINESS OR INDUSTRY 14b. Lake County Superior Court	
RESIDENCE—STATE COUNTY 15a. Indiana 15b. Lake		CITY, TOWN OR LOCATION 15c. Whiting		IS RESIDENCE ON A FARM? 15d. YES JUN 03 2000
STREET AND NUMBER 15d. 1418 Fischrupp Avenue		INSIDE CITY LIMITS (Specify YES OR NO) 15f. YES		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER—NAME FIRST MIDDLE LAST 16. Stephen Puplava		MOTHER—MAIDEN NAME 17. PETER BENJAMIN LAKE COUNTY AUDITOR Sophie Knazur		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a. Mrs. Anna Puplava, Wife		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 1418 Fischrupp Avenue, Whiting, Indiana 46394		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. St. John Cemetery		LOCATION CITY OR TOWN STATE 19c. Hammond, Indiana
DATE (MONTH, DAY, YEAR) 20a. October 8, 1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Baran & Son, Inc., 1235-119th St., Whiting, Ind. 46394		
On the basis of examination and/or investigation, in my opinion death occurred at (time, date and place) and due to the cause(s) stated. 21a. Signature <i>Daniel D. Thomas</i>		DATE SIGNED (Mo., Day, Yr.) 21b. October 8, 1985	HOUR OF DEATH 21c. 11:16 P.M.	
NAME AND ADDRESS OF CERTIFIER (Type or Print) 21f. Daniel D. Thomas, M. D., 2293 N. Main St., Crown Point, Ind. 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON 10/4/85	PRONOUNCED DEAD (Hour) 21e. AT 11:16 P.M.	
HEALTH OFFICER—SIGNATURE 22a. <i>E.A. Campagnolo</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 10-17-85		
IMMEDIATE CAUSE 23. Severe coronary atherosclerosis with status post		Interval between onset and death Undetermined		
DUE TO OR AS A CONSEQUENCE OF (b) coronary bypass graft. Marked cardiomegaly with old		Interval between onset and death		
DUE TO OR AS A CONSEQUENCE OF (c) myocardial fibrosis and left ventricular aneurysm.		Interval between onset and death		
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II Cirrhosis of liver and splenomegaly		AUTOPSY (Specify Yes or No) 24. Yes		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. NATURAL	DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d.	
INJURY AT WORK (Specify Yes or No) 25e.	PLACE OF INJURY—At home (farm, street, factory, office building, etc.) (Specify) 25f.	LOCATION 25g.	STREET OR R.F.D. NO. CITY OR TOWN STATE 01930 9.00 ma eAs	