

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.,
AUG 26 1981

Franklin J. Remuda
HAMMOND HEALTH COMMISSIONER

Date Issued

LICENSE No. *107*
FUNERAL DIRECTOR'S LICENSE No. *965*
FUNERAL HOME LICENSE No. *789*
EMBALMER'S NAME *Pro. Sweeney*
FUNERAL DIRECTOR'S SIGNATURE *Pro. Sweeney*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. *661*

DECEASED—NAME 1 Joseph Sotak			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) August 24, 1981
RACE White	AGE—Last Birthday (Yr., Mo., Day) 59	UNDER 1 YEAR MO. DAY	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (Mo., Day, Yr.) FILED 8-29-81
CITY, TOWN OR LOCATION OF DEATH HAMMOND		HOSPITAL OR OTHER INSTITUTION—Name (if not in other give street and number) ST. JOHN CEMETERY # 857		COUNTY OF DEATH LAKE
STATE OF BIRTH (or not in U.S. same country) CZEK U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		SURVIVING SPOUSE (if not give maiden name) TERESA SOTAK DRIVER
SOCIAL SECURITY NUMBER 311-16-2863		USUAL OCCUPATION (Give kind of work done, occupation, working hrs., even if part-time) MACHINIST		KIND OF BUSINESS OR INDUSTRY BOSS-CO
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION IN. LAKE		CITY, TOWN OR LOCATION WHITING		IS RESIDENCE ON A FARM? 15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 1009 MYRTLE		15d IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO		
FATHER—NAME MICHAEL SOTAK		MOTHER—MAIDEN NAME JULIA SHUST		
INFORMANT—NAME (Type or print) RELATIONSHIP TERESA SOTAK WIFE		MAILING ADDRESS 1009 MYRTLE WHITING, IN		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME ST. JOHN CEMETERY		LOCATION HAMMOND
DATE (MONTH, DAY, YEAR) 8-27-81		FUNERAL HOME—NAME AND ADDRESS OWENS FUNERAL HOME 816-1192 ST.		
To the best of my knowledge, death occurred at the residence and place and date of the funeral stated Arthur J. Hume M.D.		DATE SIGNED (Mo., Day, Yr.) 8-25-81		HOUR OF DEATH 7:05
NAME OF ATTENDING PHYSICIAN (Type or Print) ARTHUR J. HUME M.D.		MAILING ADDRESS—PHYSICIAN 7105 CALUMET AVE - MERRILL INDIAN 40		
HEALTH OFFICER—SIGNATURE <i>Franklin J. Remuda</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER AUG 26 1981		
IMMEDIATE CAUSE PNEUMONIA		PART I (a) DUE TO OR AS A CONSEQUENCE OF		
(b) CARCINOMA OF HYDROTHORAX		DUE TO OR AS A CONSEQUENCE OF		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				

Pierson + Rotz 8638 4th St Highland 46322

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