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PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

TYPE/PRIN	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3				155 Indiana Ave Suite 104 Valparaiso IN 46383			
I U C/LHIM	1 DECEASED-NAME	First Middle Last	PER IC 16-1-19-3			1130 XI4 5	10383	
IN IN	L	0.0-0.0	01 70	2. 3	SEY			
PERMANEN			* * * * / U	2⊈0⊋	1910 DE		ATE OF DEATH (Mante Day, YC)	
BLACK INK	EUZ-3U-8/71	(roars)	- ONDER TYEAT	A SE UNDER I DAY	6. DATE OF BIRTH (Mo Day	_ IM NO	ovember in ann	
	89. WAS DECEDENT . A U.S. VETERAN?	86 Bb. YEAR LAST SERVED IN	Months Day	Hours Minutes			LACE (City and State or Foreign Cou.	
	No	U.S. ARMED FORCES?			January 14, 19	15 Ukra	ine	
			HOSPITAL Inpo	otient	90 PLACE OF BEATH (Check of	only one. See mercus		
DECEDENT	TTO 1	nstitution, give street and number)	□ ER/	Outpatient DOA	OTHER DX Nursing !	Home D Other (S	pacify)	
	<u>varparaiso</u>	Care Center		9c. CITY.	TOWN, OR LOCATION OF DE			
	(Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)		1 1/2	Inamed	J	UNTY OF DEATH	
	Married	Sophie Makucho	Otrol-	done during most of	AL OCCUPATION (Give kind of working life Do not use retired)		Porter	
	13a. RESIDENCE—STATE	13b. COUNTY		Rigger	working life Do not use retired)	Work 126. KIND	OF BUSINESS/INDUSTRY	
1	Indiana	Lake	13c. CITY, TOWN, OR L	OCATION	13d CY050-	1 4.5	Steel Company	
I	13e. ZIP CODE 13f. INSIDE	CITY LIMITS 14 CITIZEN OF	Gary		13d STREET AND			
- 1	13g ON A F.	MAT COUNTRY?	15. WAS DECEDENT O	OF HISPANIC ORIGIN? es (If yes, specify Cuba	16. RACE—American Indian	East 50t	h Avenue	
	46409	_	Mexicon, Puerto Ric.	if yes, specify Cuba an, etc.)	on. Black, White, etc	n.	DECEDENTO	
RENTS	18. FATHER'S NAME (First, Midd	U.S.A.			(Specify)	1.50	only nighast grade completed)	
- 1.	John Babiak	ro, Lasti		10.400	White		College (1-4 or 5	
DRMANT 2	208. INFORMANT'S NAME (Type	-(0)		19. MOTH	ER'S NAME (First Middle, Maide	n Surnama)		
74 5	Sophie Babiak	yPrint)	20b. MAILING A	DDBESS (CL.	Eva Medynska			
2	11 METHOD OF DISPOSITION	With a Company of the	161 F 5	O+b A	Per or Rural Route Number, City o	or Town State Zin C	orde) .	
1 2	Burial Cremation	Entombment 21	Ib. DATE AND PLACE OF	F DISPOSITION (Name of	er or Hural Route Number, City of Try, Indiana	46409	1	
[Donation Dother (Speci	Removal from State		Trans of (Tyame of	Cemetery Cremen	STO LOCATION_	Wife	
DSITION 22	O EMBALMER'S NAME	//	Calumet D	ovember 14,	2001		City or Town State	
			226 EMBALMER'S LICE	ark Cemeter	y	Merril:		
248	onathon R. Ch	ristiansen	FI201000	INSE NO.	23. WAS DEATH REPOR	STED TO COPONS	ville, Indiana	
,	- OF FONEHAL DIF	ECTOR	24h UCEN		AND NO LI YE	22		
	- Long		· (of Lic	. 1 -	RUZIN BROS	ENSE NUMBER OF		
26	PART I	- The	OCIUM POOL			FUNERAL S	UNERAL HOME SERVICE #300245.	
120.	PART I. Enter the disease:	s. Injuries, or complications that can	The state of the s	6	360 Broadway	Merril	SERVICE #300245. Ville, IN 464	
D. O. C.	arroat shock, or h	ear failure List only one cause on each	line.	specific terms, such as can	diac or respiratory		VIIIE, IN 464	
uisea:	ise or condition	· Anythin	MILL		Í		Approximato	
OF resulti	ting in death)	OUE TO COR AS	A CONSEQUENCE OF				Interval Setwoen	
Condit	itions, if any, which gave	0	() ()				Onset and Death	
stating	the immediate cause.	DUE TO (OR AS	A CONSEQUENCE OF				-	
cause i	last							
 		U,	A CONSEQUENCE OF)					
l BADT II	I. Other significant conditions - C.	onditions contributing to death but not pr						
[70]	-Kingwile m	contributing to death but not or	raviously stated in Part I					
Pa.	1 0	1 Suice is						
Par	مر اللحدر المناقب	I mice by	44 Chono	27. WAS DECEDENT	208. WAS AN AU	TOPSY 28b W	FOC ALLY	
12	and in such	Long Cong	Perila	PREGNANT OR POSTPANT	90 DAYS PERFORMED?	A	/ERE AUTOPSY FINDINGS VAILABLE PRIOR TO	
29a. CEF	end in such	Cost	Perila	PREGNANT OR POSTPAN (Yes or n	90 DAYS PEFFORMED?	A	OMPLETION OF CAUSE	
29a. CEF	ETIFIER M CERTIF	AING BHAGICIAN TO AS	Me Coly	PREGNANT OR POSTPAN IN (Yes or n	90 DAYS PERFORMED?	A	VALARIE DRICO - A	
29a. CCF (Ch: ong)	ATTIFIER M CERTIF	YING PHYSICIAN To the best of my	Knowledge, death occurred	PREGNANT OR POSTPAN Wes or n No d at the time, date, and place	90 DAYS PERFORMED?	A	OMPLETION OF CAUSE	
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298. CEF (Ch: ons) 196. SIGK	ATURE AND TITLE OF CERTIFIE	YING PHYSICIAN To the best of my 1 OFFICER On the basis of examination and/o	knowledge, death occurred on and/or investigation, in my opinion	PREGNANT OR POSTPAN (Yes or in No d at the time, dark and place my opinion, death occurred at the time on, deeth occurred at the time	90 DAYS PEFFORMED? PEFFORMED? NO a.and due to the causedeles state We then, any any could determ to the course of the causedeles.	od.	ANLABLE PRIOR TO MPLETION OF CAUSE DEATH? (Yes or no)	
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293. CEF (Chiangle) 293. CEF (Chiangle) 293. SIGN 130. NAME Dr. 31. HEALTI	NATURE AND TITLE OF CENTRE AND ADDRESS OF PERSON W Mazurek, 1101 H OFFICERS SIGNATURE	YING PHYSICIAN To the bast of my 1 OFFICER On the basis of examination and/o SET On the basis of examination and/o SET ON the basis of examination and/o SET CAUSE OF DEATH East Glendale Babaka Many	knowledge, death occurred on and/or investigation, in my opinio	PREGNANT OR POSTPAN D (Yes or in No d at the time, dare and place any opinion, death occurred at the time	90 DAYS PERFORMED? NO a.and due to the cause(s) as state As any sound due to the cause(s) as state As any sound due to the to tate, and place, any sound due to the 29c. MEDICAL LICENSE NO. ER SENJAMIN OUNTYAUDIT	And CC OF or the to the cause(a) as a cause(a) and manne 29d. DATI	stated. Signed (Month, Day, Year)	
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