

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 92-0867

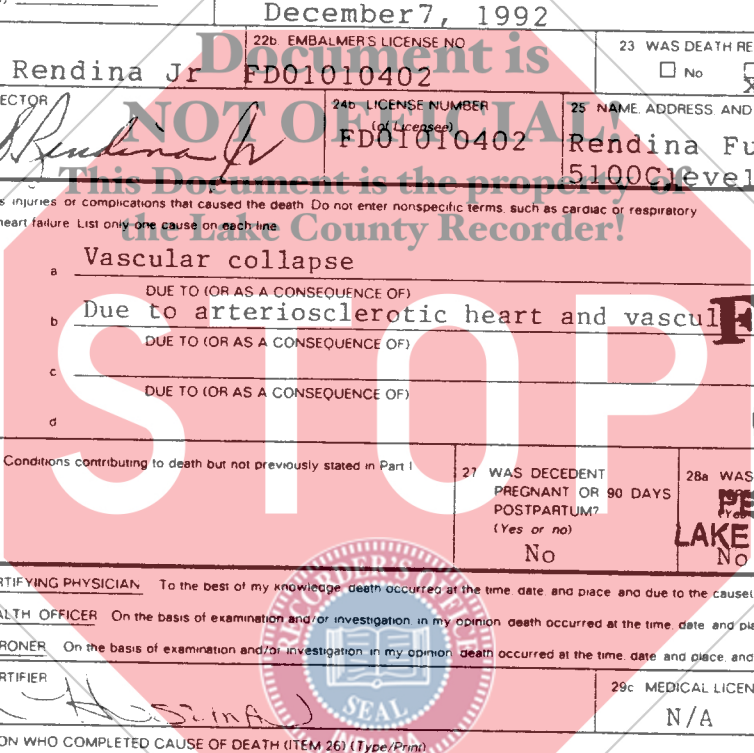
State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) MARY ROSE KADELAK				2 SEX FEMALE		3a TIME OF DEATH 2:10 a.m.		3b DATE OF DEATH (Month, Day, Yr.) December 4, 1992	
4 SOCIAL SECURITY NUMBER 311 07 1872		5a AGE—Last Birthday (Years) 78		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo., Day, Yr.) Oct. 28, 1914	
7 BIRTHPLACE (City and State or Foreign Country) Chicago IL		8a WAS DECEDENT A U.S. VETERAN? No							
8b YEAR LAST SERVED IN U.S. ARMED FORCES?		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence							
9b FACILITY NAME (If not institution, give street and number) 130 E 52nd Avenue				9c CITY, TOWN, OR LOCATION OF DEATH Gary Indiana		9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) John Kadelak		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Office worker		12b KIND OF BUSINESS/INDUSTRY Sears			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Gary		13d STREET AND NUMBER 130 e 52nd ave			
13e ZIP CODE 46409		13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)		18 FATHER'S NAME (First, Middle, Last) Simon J. Kuchta				19 MOTHER'S NAME (First, Middle, Maiden Surname) Josephine Polek			
20a INFORMANT'S NAME (Type/Print) John Kadelak				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 130 E. 52nd ave Gary IN 46409				20c Relationship Husband	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 7, 1992 Calumet Park Mausoleum Merrillville IN 4641						21c LOCATION—City or Town, State	
22a EMBALMER'S NAME Anthony S. Rendina Jr				22b EMBALMER'S LICENSE NO. FD01010402		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony Rendina Jr</i>				24b LICENSE NUMBER (of Licensee) FD01010402		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral H. FH83007819 5100Cleveland St. Gary IN 46409			
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 Vascular collapse b Due to arteriosclerotic heart and vascular disease c d		26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? No		28b WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? No	
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated <input checked="" type="checkbox"/> 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 Chief Deputy 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 <i>Deborah Huseman</i>				29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month, Day, Year) December 4, 1992	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Deborah Huseman, Chief Deputy Coroner, 2293 North Main Street, Crown Point, IN 46307									
31 HEALTH OFFICER'S SIGNATURE <i>Christa N. Huseman</i>								32 DATE FILED (Month, Day, Year) DEC 7 1992	
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED 002056	
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) December 4, 1992				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

46409

2007-01-18



FILED

MAY 24 2002

PETER BENJAMIN LAKE COUNTY AUDITOR

9.00 M. J. CASH