1 cc

92~0867

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.	*************	

TYPE/PRINT	1 DECEASED-NAME (First.	Middle, Last)		2 SEX	3a. TIME OF DE	EATH 36 DATE OF DEATH GROWN Day YO
IN	MARY	ROSE KAD	ELAK			The state of the s
PERMANENT	4 SOCIAL SECURITY NULLE	2 5s AGE-Last Birtho		5c UNDER 1 DAY 6	DATE OF BIRTH (Mo. Dev. Yr)	M December 4, 1992 7 BIRTHPLACE (City and State or Foreign Country)
BLACK INK	3/1/1 07 18	72 (Yeers) 78	Months Days	Hours Minutes	•	
	Be WAS DECEDENT	86 YEAR LAST SERVED IN		<u>D</u> C	PLACE OF DEATH (Check only	Chicago II
	A U.S VETERAN?	U.S. ARMED FORCES?	HOSPITAL Inpete	ent	i	
	110			utpatient DOA	1	ne Other (Specify)
DECEDENT	9b. FACILITY NAME (If not instit	tution, give street and number)			DWN OR LOCATION OF DEAT	H 9d. COUNTY OF DEATH
DECEDENT	130 E 52	nd Avenue]		SULCOUNTY OF BEATH
	10 MARITAL STATUS	11 SURVIVING SPOUSE	T	12a DECEDENT'S LISTAL	Indiana	Lake
	(Specify) Married	(If wife, give maiden name	9)		OCCUPATION (Give kind of wo orking life Do not use retired)	126 KIND OF BUSINESS/INDUSTRY
	13e RESIDENCE—STATE	John Kad	13c CITY TOWN ORL	Office		\$ears
	T . 1'		132 CITT TOWN ONE	OCATION	13d. STREET AND	NUMBER
	Indiana	Lake	Gary	· · · · · · · · · · · · · · · · · · ·	130 e 5	2nd ave
-:-	(Yes WHAT COUN	15 WAS DECEDENT O	OF HISPANIC ORIGIN? as (If yes, apecify Cuban	16 RACE - American Indian	17 DECEDENT'S EDUCATION
46	409 130 ON A FA		Mexican, Puerto Ric	can, etc.)	(Specify)	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +
11 <u>22</u>		□ Yes USA			7.77b 2 4 -	
PARENTS	TO FATHER QUAME (FILE MIN)			19 MOTH	White ER'S NAME (First Middle Maide	1 12
2000	Besimen & A	Kuchta				
NEORMANT 📛	200 INFORMANI'S NAME (TA		205 44411410	JOS	sephine Po	1e <u>k</u>
LL	FGoha Kage				per or Rural Route Number. City i	
<u></u> 	214 HOD OF DISPOSITION		130	E. 52nd av	re Gary IN	46409 Husband
1	Crafmation	••	1 / 1	OF DISPOSITION (Name of		21c LOCATION—City or Town State
Ų,	Donation Cremation Other (Spe.	Removal from State	ofner place) Ca	lumet Park	Mausoleum	Merrillville IN 464
		CHY)	Decembe	er/, 1992		=======================================
DISPOSITION	228 EMBALMER'S NAME		22b. EMBALMER'S	ICENSE NO	23 WAS DEATH REPO	DRIED TO CORONER?
		Rendina J.	r FD010102	102	□ No □	Yes
	248 SIGNATURE OF FUNERAL E	DIRECTOR	245 LIC	CENSE NUMBER	25 NAME ADDRESS AND LI	CENSE NUMBER OF FUNERAL HOME
	11 11	XP/	FD'	540402		neral H. FH83007819
	and ony	Distant	-yv	41	5100010001	neral n. rhosou/819
	26 PART Onter he disea	ses injuries or complications that	I caused the death. Do not ente	the prope	DI QUONE VET	and St. Gary IN 4640
	rešt. shock	or heart failure. List only one caus		tv Record		Approximate Interval Between
1	IMMEDIATE CAUSE (Final	Vascula	ar collapse	10, 1100010		
		2	- ooraapoc			Onset and Death
	disease or condition	DUE T	O (OR AS A CONSEQUENCE	OF)		Unknown
CAUSE OF	resulting in death	Due to	O (OR AS A CONSEQUENCE arterioscler	ofic heart a	and vascul	Unknown
DEATH	Conditions if any, which gave	Due to	O (OR AS A CONSEQUENCE arterioscler O (OR AS A CONSEQUENCE	otic heart a	and vascul	
DEATH	Conditions if any, which gave	b Due to	arterioscler O (OR AS A CONSEQUENCE	otic heart a	and vascul	Unknown
CAUSE OF DEATH	resulting in death	b Due to	arterioscler	otic heart a		Unknown Unknown
DEATH	Conditions if any, which gave rise to the immedian cause, stating the underlying cause last	b Due to DUE T	arterioscler O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	otic heart a		Unknown
DEATH	Conditions if any, which gave rise to the immedian cause, stating the underlying cause last	b Due to DUE T	arterioscler O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	otic heart a	M	Unknown Lstas E D AY 2 4 2002
DEATH	Conditions if any, which gave rise to the immediate cause, stating the underlying	b Due to DUE T	arterioscler O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	OF) OF) OF) 27 WAS DECE PREGNAN	EDENT 288 WAS A	Unknown LSTAGE D AY 2 4 2002 N AUTOPSY 28b WERE AUTOPSY FINDINGS
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