* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

	CERTIFICATE OF DEATH State No.							
244959 TYPE (PRINT	THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PE		2. SEX		12. TIME OF DEA	3a. TIME OF DEATH 3b. DATE OF DEATH (Month Day, Yr.)		
TYPE/PRINT IN	HELEN		SALU	_	ALE 1:15 A.			
PERMANENT	4. #SOCIAL SECURITY NUMBER Sa. AGE—Last Birthday (Years)		56. UNDER 1 YEAR Sc. UNDER 1 DAY 6.		DATE OF BIRTH (Mo. Day. Yr)	7. BIRTHPLACE (City and Sta	BIRTHPLACE (City and State or Foreign Country)	
BLACK INK	313-30-7369	65	Months Days		eb.28,1933	East Chic	ago,IN	
	A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL Xinpetic		OTHER: Unvising Home			
	No	None		utpatient DOA	Residence	Other (Specify)		
DECEDENT	9b. FACILITY NAME (if not institution, give street and number)		9c. CIT		WN OR LOCATION OF DEATH	9d. COUNTY OF DEATH	9d. COONDY OF DEATH	
	THE COMMUNITY HOSPITAL 10. MARITAL STATUS 11. SURVIVING SPOUSE		124 DECEDENTS II		MUNSTER	<u> </u>	12b. KIND DBUSINESS/INDUSTRY	
	(Specify) Married (If wife, give maiden name Joseph S		lus	done during most of wor Homema}	DCCUPATION (Give kind of work rking life. Do not use retired) くらど	Home	Home	
	13a. RESIDENCE—STATE 13b. COUNTY		13c. CITY, TOWN, OR LOCATION		13d. STREET AND N	UMBER 🔾	DER O	
	IN	Lake		Griffith		1941 W. Ash		
	13e. ZIP CODE 13f. INSIDE CITY LIMITS 14 CITIZEN OF WHAT COUNT		15. WAS DECEDENT O	OF HISPANIC ORIGIN? es (If yes, specify Cuban,	16. RACE—American Indian, Black, White, etc.	17. DECEDENT'S EDUCATION (Speeds only highest grade completed)		
	46319 13g. ON A FAR	1	Mexican, Puerto Rii	can. etc.)	(Specify)	Elementary/baco dary (0-12)	College (1-4 or 5 +)	
	IN NO U Yes U.S.A.				White	12-		
PARENTS	S 18 FATHERS NAME (First Middle, Last) 19 MOTHER'S NAME (First Middle, Maiden Surna Frank Babinec Helen Tapak'							
INFORMANT	20a INFORMANT'S NAME (Type/		20b MAILING ADDRESS (Street and N		er or Rural Route Number. City or	Town State Zin Codel 20c	vn State Zin Code) 20c Relationship	
	Joseph Salus				iffith, IN 4	6319 H	usband	
	21a. METHOD OF DISPOSITION Burial Cramation			OF DISPOSITION (Name of		21c LOCATION-City or Town.	State	
	Donation Other (Specif	Removal from State		JAnuary 22 al Cremati		Munster, I	NT.	
DISPOSITION	22a. EMBALMER'S NAME:		22b EMBALMER'S		23. WAS DEATH REPOR			
Į			ocum	ent 1s	No □ v	9 6) ((1900)	
	24a. SIGNATURE OF FUNERAL DI	RECTOR		CENSE NUMBER	25. NAME ADDRESS AND LIC	ENSE NUMBER OF FUNERAL HO	ME	
4	homes	+ Duine		1045184		Funeral Ho h Griffith,		
ļ	26. PART I. Enter the disease	es. Injuries. or complications that cau	ument is	the proper	rty of	$\frac{\mathcal{D}_{\mathcal{I}}}{\mathcal{D}} = \frac{\mathcal{D}_{\mathcal{I}}}{\mathcal{D}}$		
	ONE FTE COPY OF	ther failure distribly one cause on	each line Count	r nonspecific terms, such as c tv Records		ြား တြို့	Approximate Interval Between	
- .	IMMEDIATE CAUSE OF HALE WITH	THE LAKE COUNTERES	estire bont feeling		ule .	Onset and Death		
CESE OF	resulting in death)	DUE TO (O	A AS A CONSEQUENCE OF)		The -	3 22 3		
TILE COMPANY 36// 236//	Conditions, if any, which any 2	2 1999 DUE TO 10	R AS A CONSEQUENCE	OF)				
8	stating the underlying Cause last Old A A A A CONSEQUENCE OF)						mar.	
三 [2] [2]							IJ	
E 3	PART II. Other significant conditions	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ut not previously stated in I	Part I 27. WAS DECE	DENT 28a. WAS AN	AUTOPINI 285 WERE ALL	TOPSY FINDINGS	
				PREGNANT POSTPART	OR 90 DAYS PERFORM	AED? OUL 17 AVRAG	OPRIOR TO ON OF CAUSE	
			7111111	(Yes or no	No No	OF DEATH	17 (Yes or no)	
COMMUNITY THE FILE NO 7236	29a. CERTIFIER E CE	ERTIFYING PHYSICIAN To the be	CANADA AREA		d place, and due to the cases (A	E TER BENJAM	IN	
	(Chack only	ALTH OFFICER On the basis of e		MCP647-1275-2	7.41		ITOR	
<u> </u>			non and/or investigation, in	my opinion, death occurred at	the time, date and place, and due	to the cause(s) and manner as sta	ited.	
CERTIFIER	296 SIGNATURE AND TITLE OF CE	ERTIFIER	A 1	27 /]	29c. MEDICAL LICENSE I		ED (Month, Day, Year)	
	30 NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE O	F DEATH (ITEM 26) (Type	e/Print)	01019251	JANUARY	22 1999	
L	FRED ADLER, M.		THUR BLVD.	Herry	ANDIANA 4632	21		
DEALID	HEALTH OFFICER'S SIGNATURE		1. 80	7 220			(Month, Day, Year)	
OFFICER	3 MANNER OF DEATH	34e DATE OF INJURY	AND MA	unes The	·	Janua	m 22, 1989	
	Wallet of Beating	(Month, Day, Year)		34c INJURY AT WORK (Yes or no)	34d DESCRIBE HOW	DEPRINCE VALUE VALUE VALUE VALUE V		
1	Natural Pending Investigation	L_				`	_	
1	Accident Suicide Could not be	34e PLACE OF INJUR' building, etc. (Speci	Y—At home, farm, street, f.	actory office 3	4f LOCATION (Street and Numb	per or Rural Route Number, City or	Town. State)	
1	Determined Determined						9.09	
3	34g DATE PRONOUNCED DEAD (Month. Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger pedestrian, etc							
}					. •		cw	
S	DH06-004 State Form 1	I 0110 (R4/3-93) Death	cer/PD 1					
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