

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT

July 16, 2007 Date Issued

Hammond Health Commissioner

Local No. 426

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for DECEASED-NAME (VINCENT JUNACH), SEX (MALE), TIME OF DEATH (7:26 AM), DATE OF DEATH (JULY 14, 2007), SOCIAL SECURITY NUMBER (129-26-1253), AGE (74), DATE OF BIRTH (OCTOBER 6, 1932), BIRTHPLACE (POLAND), FACILITY NAME (836 GOSTLIN STREET), CITY/TOWN (HAMMOND), COUNTY (LAKE), MARRITAL STATUS (MARRIED), SURVIVING SPOUSE (DOROTHY POCIASK), DECEASED'S USUAL OCCUPATION (MACHINIST), KIND OF BUSINESS/INDUSTRY (MACHINE SHOP), RESIDENCE-STATE (INDIANA), COUNTY (LAKE), CITY/TOWN/LOCATION (HAMMOND), STREET AND NUMBER (836 GOSTLIN STREET), ZIP CODE (46327), CITIZEN OF WHAT COUNTRY (USA), RACE (WHITE), EDUCATION (12), FATHER'S NAME (GIERASIM JUNACH), MOTHER'S NAME (UNAVAILABLE NATLJRCZ), INFORMANT'S NAME (DOROTHY JUNACH), MAILING ADDRESS (836 GOSTLIN STREET, HAMMOND, INDIANA 46327), RELATIONSHIP (WIFE), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (JULY 18, 2007, CHAPEL LAWN MEMORIAL GARDENS), LOCATION (SCHERERVILLE, INDIANA), EMBALMERS NAME (KEITH D. ANTHONY), EMBALMERS LICENSE NO (01011911), SIGNATURE OF FUNERAL DIRECTOR (Keith D. Anthony), LICENSE NUMBER (01011911), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (ANTHONY & DZIADOWICZ PH 83002835, 4406 CAMERON, HAMMOND, INDIANA 46327), IMMEDIATE CAUSE (CARDIAC ARREST, CONGESTIVE HEART FAILURE), PART II Other significant conditions, CERTIFIER (PEGGY HOLINGAKATONA), SIGNATURE AND TITLE OF CERTIFIER (Peggy Holingakatona), DATE SIGNED (JULY 16, 2007), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (NIRAV CHUDGAR M.D., 1600 TOLLENE AVENUE, CALUMET CITY, ILLINOIS 60409), HEALTH OFFICER'S SIGNATURE (Nirav Chudgar), DATE FILED (July 16, 2007), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

