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RECORD

Below for State Office Use

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LICENSE No. 4237
FURNAL HOME LICENSE No. 245
FURNAL DIRECTOR'S LICENSE No. 723

LICENSE No. _____
EMBALMERS' LICENSE No. _____
LAKE COUNTY, INDIANA
JAN 17 2010
FILED
DEC 17 2010
REGY. HOLDING

Local No. 33282
TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED OR DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION
M.D. OR D.O.

CONDITIONS WHICH GAVE RISE TO IMMEDIATE STATEMENT OF UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME: THOMAS J. HOKENSON
FIRST MIDDLE LAST
AGE—Last Birthday: 58 43
MOS DAYS HOURS MINES
DATE OF BIRTH (Mo, Day, Yr): 2-12-1939
SEX: Male
DATE OF DEATH (MONTH, DAY, YEAR): February 24, 1982

RACE—(e.g. White, Black, American Indian, etc.): White
CITY, TOWN OR LOCATION OF DEATH: Hobart
HOSPITAL OR OTHER INSTITUTION—(Name if not in earlier part of certificate): St. Marys Medical Center
7c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Part or Part of War): inpatient no

CITIZEN OF WHAT COUNTRY: USA
9. SURVIVING SPOUSE (If wife, give maiden name): Elaine Baltikauskas
10. MARRIED, DIVORCED, WIDOWED, NEVER MARRIED, (Specify)
11. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Larborer
14a. KIND OF BUSINESS OR INDUSTRY: US Steel Corp.
14b. CITY, TOWN OR LOCATION: Hobart

RESIDENCE—STATE: Indiana
15a. COUNTY: Lake
15b. STREET AND NUMBER: 3601 Rush Place
15c. IS RESIDENCE ON A FARM? YES NO

INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
15f. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.

FATHER—NAME: Walter Sulovka
FIRST MIDDLE LAST
MOTHER—MAIDEN NAME: Anne Mulesa
17. RELATIONSHIP: Wife
18a. ELAINE HOKENSON
18b. MARRIAGE DATE (MONTH, DAY, YEAR): February 27, 1982
18c. BIRTH DATE (MONTH, DAY, YEAR): February 27, 1982

BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19a. RITZELAWN-MT. MERCY
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Ridgelawn-Mt. Mercy
19c. LOCATION: Gary, Indiana
19d. STATE: Indiana

DATE (MONTH, DAY, YEAR): February 27, 1982
20a. HOUR OF DEATH: 11:05 PM
20b. DATE SIGNED (Mo, Day, Yr): 2/26/82
20c. NAME OF ATTENDING PHYSICIAN (Type or Print): Peter M. Hamang M.D.

MAILING ADDRESS—PHYSICIAN: 904 West Ridge Road, Hobart, Indiana 46342
21a. HEALTH OFFICER SIGNATURE: [Signature]
21b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 3-3-82

IMMEDIATE CAUSE: Cardiovascular
22a. DUE TO OR AS A CONSEQUENCE OF: Hypertension and Disseminated Intravascular Coagulation
22b. DUE TO OR AS A CONSEQUENCE OF: Massive Coagtic Hemorrhage and Ulcer
22c. OTHER SIGNIFICANT CONDITIONS: Carotid Atherosclerosis and Hypoproteinemia

PART I: Interval between onset and death: 1 min
PART II: Interval between onset and death: 36 hrs.
AUTOPSY (Specify Yes or No): no