

# Death Record for Bernard Izbicki

## Son of Boleslaus Izbicki & Victoria Kruczynska

The Commonwealth of Massachusetts				REGISTERED NUMBER	STATE USE ONLY	
STANDARD CERTIFICATE OF DEATH				03359		
REGISTRY OF VITAL RECORDS AND STATISTICS						
DECEDENT - NAME FIRST <b>BERNARD</b>		MIDDLE	LAST <b>IZBICKI</b>		SEX <b>M</b>	DATE OF DEATH (Mo., Day, Yr.) <b>April 30 1985</b>
PLACE OF DEATH (CITY OR TOWN) <b>Boston</b>		COUNTY OF DEATH <b>SUFFOLK</b>	HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) <b>Massachusetts General Hospital</b>		IF IN HOSPITAL D.O.A. (Yes or No) <b>NO</b>	
RACE (e.g. White, Black, American Indian, etc.) (Specify) <b>White</b>	AGE - Last Birthday (Yr.) <b>74</b>	UNDER 1 YEAR MOS. DAYS <b>5 1/2</b>	UNDER 1 DAY HOURS MIN. <b>1 1/2</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>May 12, 1910</b>	STATE OF BIRTH (If not in U.S.A., name country) <b>MA.</b>	
MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED <b>married</b>	SPOUSE (If wife, give maiden name) <b>Rita M. Meleski</b>	USUAL OCCUPATION (Prior - If Retired) <b>clerk</b>		KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>		
SOCIAL SECURITY NUMBER <b>017-10-7784</b>	IF U.S. WAR VETERAN SPECIFY WAR <b>WWII</b>	RESIDENCE - STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE <b>112 Redwood Lane, Hyannis Port MA, 02647</b>				
FATHER - FULL NAME <b>Boleslaus Izbicki</b>	STATE OF BIRTH (If not in U.S.A., name country) <b>Poland</b>	MOTHER NAME (GIVEN) MAIDEN <b>Victoria Kruczynska</b>	STATE OF BIRTH (If not in U.S.A., name country) <b>Poland</b>			
DECEASED - NAME AND ADDRESS <b>Mrs. Rita M. Izbicki 112 Redwood Lane Hyannis Port MA.</b>		RELATIONSHIP <b>wife</b>				
TYPE OF DISPOSITION (Specify Burial, Cremation, etc.) <b>burial</b>	DATE OF DISPOSITION <b>5/3/85</b>	PLACE OF DISPOSITION AND LOCATION <b>St. Francis Xavier Cemetery</b>		CITY OR TOWN <b>Centerville</b>	STATE <b>MA.</b>	
FUNERAL SERVICE LICENSEE <b>Edward M. Blute</b>	NAME OF FACILITY <b>Donne Beal Hayes</b>	ADDRESS OF FACILITY <b>160 West Main St Hyannis MA.</b>				
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (PRINT OR TYPE LEGIBLY)						
(a) <b>B. lateral Cerebral and Cerebellar Infarction</b>				Interval between onset and death <b>17 days</b>		
(b) <b>M. tral Valve Disease</b>				Interval between onset and death <b>Years</b>		
(c) OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in Part (a)						
<b>Bulvous Emphysema, Surg. Infarcts spleen and kidneys</b>				AUTOPSY (Yes or No) <b>Yes</b>	WAS CASE REFERRED TO MED EXAM. (Yes or No) <b>NO</b>	
ACC. SUICIDE, HOMICIDE OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY - At home, farm, street, factory, office, etc. (Specify)	LOCATION	STREET	CITY OR TOWN	STATE	
25a To the best of my knowledge, death occurred at the place designated and due to the cause(s) stated. (Signature and Title) <b>Thomas S. Durant M.D.</b>			26a 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) stated. (Signature and Title) <b>Thomas S. Durant M.D.</b>			
DATE SIGNED (Mo., Day, Yr.) <b>04/30/1985</b>			HOUR OF DEATH <b>05:06 A.M.</b>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>dr. C. Boucher</b>			PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Mo., Day, Yr.)	
NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) <b>Thomas S. Durant M.D. Mass. General Hospital Boston MA.02114</b>			26d ON		26k AT	
RE BURIAL PERMIT ISSUED ON <b>4-30-85</b>		29 RECEIVED IN THE CITY OR TOWN OF <b>BOSTON</b>		DATE RECEIVED <b>MAY 2 1985</b>		
SIGNATURE-BO HEALTH AGT. <b>Edoyan H.A.</b>		CLERK'S SIGNATURE <b>Edith A. McLaughlin</b>				

# *Death Record for Bernard Izbicki*

## *Son of Boleslaus Izbicki & Victoria Kruczynska*

REGISTERED NUMBER	03359
STATE USE ONLY	—
	DECEDENT
1 DECEDENT – NAME	BERNARD IZBICKI
2 SEX	M
3 DATE OF DEATH	Apr/30/85
4a PLACE OF DEATH (CITY OR TOWN)	Boston
4b COUNTY OF DEATH	Suffolk
4c HOSPITAL OR OTHER INSTITUTION	Massachusetts General Hospital
4d IF IN HOSPITAL DOA	No
5 RACE	White
6a AGE – LAST BIRTHDAY	74
7 DATE OF BIRTH	May 12, 1910
8 STATE OF BIRTH	MA.
9 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED	Married
10 SPOUSE	Rita M. Meleski
11a USUAL OCCUPATION	Clerk
11b KIND OF BUSINESS OR INDUSTRY	Post Office
12 SOCIAL SECURITY NUMBER	017-10-8784
13 IF US WAR VETERAN SPECIFY WAR	WW II
14 RESIDENCE – STREET AND NUMBER, CITY OR TOWN, COUNTY, STATE, ZIP CODE	112 Redwood Lane, Hyannis Port MA. 02647
15a FATHER – FULL NAME	Boleslaus IZBICKI
15b STATE OF BIRTH	Poland
16a MOTHER – NAME	Victoria KRUCZYNSKA
16b STATE OF BIRTH	Poland
	INFORMANT
17a INFORMANT – NAME AND ADDRESS	Mrs. Rita M. IZBICKI 112 Redwood Lane Hyannis Port MA.
17b RELATIONSHIP	Wife
	TYPE OF DISPOSITION
18a TYPE OF DISPOSITION	Burial
18b DATE OF DISPOSITION	5/3/85
18c PLACE OF DISPOSITION AND LOCATION	St. Francis Xavier Cemetary Centerville MA.
19a FUNERAL SERVICE LICENSEE	Edward M. Blute
19b NAME OF FACILITY	Doane Beal & Ames
19c ADDRESS OF FACILITY	160 West Main St Hyannis MA
	CAUSE OF DEATH
PART I 20a IMMEDIATE CAUSE	Bilateral Cerebral and Cerebellas Infarction
Interval between onset and death	17 days
20b DUE TO OR AS A CONSEQUENCE OF	Mitral Valve Disease
Interval between onset and death	Years
20c DUE TO OR AS A CONSEQUENCE OF	—
Interval between onset and death	—
PART II OTHER SIGNIFICANT CONDITIONS	Bullous Emphysema Lung Infarcts Spleen and Kidneys
21 AUTOPSY	Yes
22 WAS CASE REFERRED TO MED EXAM	No
	CERTIFIER
25a To the best of my knowledge, death occurred at the time, date and place due to the cause(s) stated	[signed] Thomas S Durant MD
25b DATE SIGNED	04/30/1985
25c HOUR OF DEATH	05:06 A.M.
25d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	dr. C. Bouchet
27 NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAN EXAMINER	Thomas S. Durant M.D. Mass. General Hospital Boston MA.02114
28 BURIAL PERMIT ISSUED ON	4-30-85 PO2/665
SIGNATURE-BD HEALTH AGENT	E Doyon H.A.
29 RECEIVED AND FILED IN THE CITY OR TOWN OF (CLERK'S SIGNATURE) ACTING (DATE RECEIVED)	BOSTON Judith A McCarthy MAY 2 1985