583334

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Below for State Office Use

A. ____

B. ____

C. ____

D. ____

E. ____

F. ____

G. ____

H. ____

I. ____

J. ____

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

FUNERAL HOME No. 155

583334

Local No. 616

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Donald L. Hagy 1244-119th St. State No. Whiting, Ind.

DECEASED

1. NAME: MARY DANKO
2. SEX: FEMALE
3. DATE OF DEATH: 11-21-79
4. RACE: WHITE
5a. AGE: 78
5b. UNDER 1 YEAR
5c. UNDER 1 DAY
6. DATE OF BIRTH: JUNE 11, 1901
7. COUNTY OF DEATH
8a. CITY, TOWN OR LOCATION OF DEATH: EAST CHICAGO
8b. HOSPITAL OR OTHER INSTITUTION: ST. CATHERINE HOSPITAL
8c. IF HOSP. OR NURS. HOME, GIVE STREET AND NUMBER: IN
9a. STATE OF BIRTH: ILL.
9b. CITIZEN OF WHAT COUNTRY: U.S.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: WIDOWED
11. SURVIVING SPOUSE: NONE
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: NO
13. SOCIAL SECURITY NUMBER: 304-70-2610
14a. USUAL OCCUPATION: HOUSEWIFE
14b. KIND OF BUSINESS OR INDUSTRY: HOME
15a. USUAL RESIDENCE (WHERE DECEASED LIVED AT TIME OF DEATH): RESIDENCE - STATE: INDIANA
15b. COUNTY: LAKE
15c. CITY, TOWN OR LOCATION: EAST CHICAGO
15d. STREET AND NUMBER: 3927 OLESKI ST.
15e. IF RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS? YES
16a. DECEASED OF SPANISH DESCENT? YES ☐ NO ☒ (IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.)

PARENTS

17. FATHER - NAME: UNKNOWN
18. MOTHER - MAIDEN NAME: UNKNOWN

19a. INFORMANT - NAME: PAUL DANKO
19b. MAILING ADDRESS: 3023 100th. st. HIGHLAND, INDIANA

DISPOSITION

20a. BURIAL, CREMATION, REMOVAL, OTHER: BURIAL
20b. DATE: 11-24-79
20c. CEMETERY OR CREMATORY - FUNERAL HOME: ELMWOOD CEM.
20d. LOCATION: HAMMOND, INDIANA
20e. FUNERAL HOME - NAME AND ADDRESS: OLESKA FUNERAL HOME 3934 ELM ST. EAST CHICAGO, IND.

21a. To the best of my knowledge death occurred at the time, date and place and due to the cause stated: John M Zivich MD
21b. DATE SIGNED: 11/23/79
21c. HOUR OF DEATH: 3:30 A.M.
22a. NAME OF ATTENDING PHYSICIAN (Type or Print): John M Zivich
22b. MAILING ADDRESS - PHYSICIAN: 3701 Main St East Chicago Ind 46312
23a. DEATH OFFICER - SIGNATURE: E.A. Compagna, M.D.
23b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 11-28-79
23c. MANNER OF DEATH: Sudden
24. PART I. IMMEDIATE CAUSE (A): CHF — Interval between onset and death: years.
PART I. DUE TO OR AS A CONSEQUENCE OF (B): ASHDis — Interval between onset and death: 1 yr
PART I. DUE TO OR AS A CONSEQUENCE OF (C): Metastatic adenCarcinoma Rt Lung, Vriecan + Bones — Interval between onset and death: 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS: Severe Anemia, Cholilithiasis (Primary Ca Rt Breast) 72 — AUTOPSY: NO

SEN 08 003 REV 10/77 State Form 38430

EMBALMER'S NAME AND LICENSE NO. CHARLES WELLS 4237
FUNERAL DIRECTOR'S SIGNATURE AND LICENSE NO. 960

Zenith 24-Kin 30-36th st 3rd Cold. Blvd. Hamm.

FILED MAY 9 1980 LAKE COUNTY, INDIANA

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