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589424
80-0052
Local No.
FURNERAL HOME
212
FURNERAL DIRECTOR
LICENSE NO.
FURNERAL DIRECTOR
LICENSE NO.
EMERALGHEE'S NAME
JAMES CHOLSTON
FURNERAL DIRECTOR
SIGNATURE
Robert W. Winkler

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 8

1. NAME PERCY ZUKAUCKAS		3. SEX MALE	4. DATE OF BIRTH JANUARY 22, 1980
2. RACE White	5. AGE 86	6. COUNTY OF BIRTH Lake	
7. CITY, TOWN OR LOCATION OF BIRTH Gary		8. HOSPITAL OR OTHER INSTITUTION Wildwood Nursing Home	
9. YEAR OF BIRTH IN U.S.A. Lithuanian		10. COUNTRY OF BIRTH USA	11. MARRIED, NEVER MARRIED, WIDOWED Married
12. SPECIAL SECURITY NUMBER 306 09 3307 A		13. USUAL OCCUPATION Retired	14. NAME OF WIFE OR DECEASED Anne Taft
15. USUAL RESIDENCE INDIANA - STATE Indiana		16. COUNTY Lake	17. CITY, TOWN OR LOCATION Gary
18. STREET AND NUMBER 4862 Mass. St.		19. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PORTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
20. FATHER - NAME Peter Zukauckas		21. MOTHER - MARRIED NAME Not Available	
22. MOTHER - NAME Anne Zukauckas		23. ADDRESS AT BIRTH 4862 Mass. St. Gary, Indiana 46409	
24. DEPOSITION Burial		25. LOCATION Calumet Park Cem.	26. CITY OF BIRTH Merrillville, Ind.
27. DATE January 25, 1980		28. FUNERAL HOME, NAME AND ADDRESS Stillinovich, Palmer & Wistrolik 4213 Bdv. Gary, Indiana	
29. NAME OF ATTENDING PHYSICIAN Dr. F. Cho		30. DATE SIGNED 1/24/80	31. SIGNATURE <i>F. Cho</i>
32. HEALTH OFFICE <i>E. H. Caldwell, M.D.</i>		33. DATE JAN 28 1980	
34. PART Senile ASCVD		35. PART CVA	
36. PART Senile dementia		37. PART	

Disposition Permit
Issued 1/1
Provisional
Certificate
 Yes No

589424

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RECEIVED
E. M. Caldwell, M.D.
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE FEB 6 1980