

605870

TYPE OR PRINT  
PLAINLY WITH  
UNFAADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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Disposition Permit  
Issued  /   
Provisional  
Certificate  
 Yes  No

Unit 26 Hwy 700. 34-293-10 and 11

LICENSE No. 4536

EMBALMER'S NAME: CAROL V. HIGER

Local No. 568

FUNERAL HOME No. 2577  
FUNERAL DIRECTOR'S LICENSE No. 2497

FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Ret. to: Adolph Bernacki  
3515 - 172nd Street  
Hammond, IN 46323

State No.

DECEASED NAME 1. <b>TRENE M. BERNACKI</b>		SEX 2. <b>FEMALE</b>	DATE OF DEATH (MONTH DAY YEAR) 3. <b>10-15-78</b>
RACE 4. <b>WHITE</b>	AGE (Last Birthday) 5. <b>52</b>	DATE OF BIRTH (MONTH DAY YEAR) 6. <b>APR 3-1926</b>	COUNTY OF DEATH 7. <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH 8. <b>ENGLE WICHIC</b>		HOSPITAL OR OTHER INSTITUTION (Name of hospital, clinic, nursing home, etc.) 9. <b>ST ANTHONY'S HOSPITAL</b>	IF INSP. OR INST. (Name of Ins. Co. or Inst.) 10. <b>INMAN</b>
STATE OF BIRTH 11. <b>IND</b>	CITIZEN OF WHAT COUNTRY 12. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 13. <b>MARRIED</b>	SURVIVING SPOUSE (Name and address) 14. <b>ADOLPH BERNACKI</b>
SOCIAL SECURITY NUMBER 15.	USUAL RESIDENCE WHERE DECEASED LIVED (City, Town or Location) 16a. <b>LAKE</b>	USUAL OCCUPATION (Name of business or industry) 17a. <b>BANKING</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Year of Service) 18. <b>NO</b>
RESIDENCE STATE 19a. <b>IND</b>	COUNTY 19b. <b>LAKE</b>	CITY, TOWN OR LOCATION 19c. <b>HAMMOND</b>	KIND OF BUSINESS OR INDUSTRY 19d. <b>BANKING</b>
STREET AND NUMBER 20a. <b>3515 172ND ST.</b>	IS DECEASED ON A FARM? 20b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Year of Death) 20c. <b>YES</b>	
IS DECEASED OF SCANDINAVIAN DESCENT? IF YES SPECIFY AMERICAN, SWEDISH, NORWEGIAN, ETC. 21. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER NAME 22. <b>JOHN KOZLOWSKI</b>	MOTHER, MARRIED NAME 23. <b>MARY (UNKNOWN)</b>		
RESIDENTIAL ADDRESS 24. <b>ADOLPH BERNACKI 3515 172ND ST HAMMOND IND 46323</b>	CEMETERY OR CREMATORIUM 25. <b>CHapel Lawn</b>	LOCATION 26. <b>CAMPBELLVILLE IND</b>	
DISPOSITION 27. <b>BURIAL</b>	DATE (MONTH DAY YEAR) 28. <b>OCT 18-1978</b>	FUNERAL HOME NAME AND ADDRESS 29. <b>VICKI HIGER F.H. 7051 Kennedy Hammond Ind 46323</b>	
NAME OF ATTENDING PHYSICIAN 30. <b>Gregory J. Ashman D</b>	DATE SHOWN (MONTH DAY YEAR) 31. <b>OCT 18-1978</b>	PHYSICIAN'S SIGNATURE 32. <i>[Signature]</i>	DATE RECEIVED BY LOCAL HEALTH OFFICER 33. <b>10-19-78</b>
HEALTH OFFICER'S SIGNATURE 34. <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 35. <b>10-19-78</b>	
CAUSE PART I 36. <b>CARDIORESPIRATORY ARREST</b>		PART II 37. <b>HYPOCAEMIA INSUFFICIENCY</b>	
PART III 38. <b>CARCINOMA PANCREAS</b>		PART IV 39. <b>FILED</b>	

FILED

OCT 31 1980

*[Signature]*  
AUDITOR LAKE COUNTY

PIONEER NAT'L TITLE INS. CO.

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