607887

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(3) VET

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Willcress Nta 3rd.
729 BR6 #18-278-26

ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Disposition Permit Issued / /
Provisional Certificate
☐ Yes ☐ No

EMBALMER'S NAME
FUNERAL DIRECTOR'S SIGNATURE
LICENSE No. 646
FUNERAL DIRECTOR'S LICENSE No. 2012
LAKE COUNTY HEALTH
FUNERAL HOME No. 305

FILED
NOV 20 1980
AUDITOR LAKE COUNTY

607887

Local No. 1666-80

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 886

1. Decedent — Name	Frank Benka
2. Sex	Male
3. Date of Birth	October
4. Race	White
5. Age	74
6. Under 1 Year	
7. Under 1 Day	
8. Date of Birth	10-7-1905
9. City, Town or Location of Death	Merrillville
10. Hospital or Other Institution	Broadway Methodist Hospital
11. State of Birth	Czechoslovakia
12. Citizen of What Country	U.S.A.
13. Married, Never Married, Widowed, Divorced	Married
14. Surviving Spouse	Anne Herbach
15. Social Security Number	091-07-7218
16. Usual Occupation	Steel worker
17. Kind of Business or Industry	U.S. Steel
18. Residence — State	Indiana
19. County	Lake
20. City, Town or Location	Hobart
21. Street and Number	2712 E. Cleveland Avenue
22. Is Residence on a Farm?	YES ☐ NO XXX
23. Is Decedent of Spanish Descent? If Yes Specify Mexican, Cuban, Puerto Rican, etc.	YES ☐ NO XXX
24. Father — Name	Stephanne Benka (deceased)
25. Mother — Maiden Name	Maria Opavsky (deceased)
26. Informant — Name	Anne Benka
27. Mailing Address	2712 E. Cleveland Ave., Hobart, IN 46342
28. Burial, Cremation, Removal, Other	Burial
29. Cemetery or Crematory — Funeral Home	Chapel Lawn Cemetery
30. Location	Schererville, IN 46342
31. Date	10-31-1980
32. Funeral Home — Name and Address	Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart,
33. Date Signed	11-4-1980
34. Hour of Death	10:35 P
35. Name of Attending Physician	S. A. DESAI, M.D. Medical Oncology 3290 Grant St Gary, Indiana 46408
36. Mailing Address — Physician	
37. Health Officer — Signature	Peter Jerry M.D.
38. Date Received by Local Health Officer	11-10-80
39. Part I (a) Immediate Cause	Astrocytoma grade III
(b) Due to or as a consequence of	Pneumonia, congestive heart failure
(c) Due to or as a consequence of	
Part II Other Significant Conditions	
40. Autopsy	No

SBH 08-003
REV. 10/77 State Form 38430