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UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Key 45-212-31
Belward Adk.
St. 29 Post to Bk 3

LICENSE No. 419
 FUNERAL DIRECTOR'S LICENSE No. 968
 EMBALMER'S NAME James Gholston
 FUNERAL DIRECTOR'S SIGNATURE Robert Wiatrolik

4cc

697498
Local No. 0654

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

33499

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME FIRST MIDDLE LAST Mary Dzewicki			SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 8-31-81	
1 RACE—(See White, Black, American Indian, etc. (Specify)) White	2 AGE—(Last Birthday) 74	3 UNDER 1 YEAR MONTHS DAYS 5b	4 UNDER 1 DAY HOURS MINS 5c	5 DATE OF BIRTH (Mo., Day, Yr.) March 24, 1907	6 COUNTY OF DEATH Lake
7a CITY, TOWN OR LOCATION OF DEATH Gary		7c HOSPITAL OR OTHER INSTITUTION—(Name (if not on either, give street and number)) Gary Methodist		7d IF HOSP OR INST. Indicate DOA, OP, Emer. Rm., Incident (Specify) -0-	
8 STATE OF BIRTH (If not in U.S.A. name country) Mass.	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name)		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
13 SOCIAL SECURITY NUMBER 313-07-0230-D		14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		14b KIND OF BUSINESS OR INDUSTRY Self	
15a RESIDENCE—STATE Ind.	15b COUNTY Lake	15c CITY, TOWN OR LOCATION Gary		15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15d STREET AND NUMBER 4440 Pennsylvania St.		15f INSIDE CITY LIMITS (Specify Yes or No) Yes		15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16 FATHER—NAME FIRST MIDDLE LAST Frank Dzewicki			17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST Tekla Dolecki		
18a INFORMANT—NAME (Type or print) RELATIONSHIP Molly Nowak		18b MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 514 E. 51st Avenue			
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b CEMETERY OR CREMATORY—FUNERAL HOME Calvary Cemetery		19c LOCATION CITY OR TOWN STATE Portage	
20a DATE (MONTH, DAY, YEAR) 9-3-81		20b FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) Stilinovich, Palmer & Wiatrolik 4213 Broadway			
21a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature) Dr. Goodwin		21b DATE SIGNED (Mo., Day, Yr.) 9/1/81		21c HOUR OF DEATH 1:00 PM	
21d NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. Goodwin					
21e MAILING ADDRESS—PHYSICIAN 6117 Harrison Merrillville, Ind. 46410					
22a HEALTH OFFICER—SIGNATURE E. N. Caldwell, M.D.				22b DATE RECEIVED BY LOCAL HEALTH OFFICER SEP 2 1981	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Coronary heart failure DUE TO, OR AS A CONSEQUENCE OF (b) Myocardial infarction, old & possibly recent DUE TO OR AS A CONSEQUENCE OF (c) PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					Interval between onset and death Interval between onset and death Interval between onset and death ALIQUOT (Specify Yes or No)

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201408

CERTIFIED COPY

C. W. Caldwell, M.D.

SEALTH COMMISSIONER
OFF. OF CL. & I.D.

DATE *Jan. 27, 1983*