

600 705016

71 0724

Local No.

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

LAWYERS TITLE INS. CO. 34129
7895 BROADWAY
MERRILLVILLE, IND. 46440
022

TYPE OR PRINT
PLAINLY
UNREADABLE
THIS
PERMANENT
RECORD

FILED

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1 Bennie Nawrocki Male 3 May 15, 1971

RACE WHITE, NEGRO, AMERICAN INDIAN ETC. (SPECIFY) 4 White AGE—LAST BIRTHDAY (YEARS, MOS., DAYS) 5a 59 5b 11 8 5c UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) 6 6-7-1911 COUNTY OF DEATH 7a Lake 7b

CITY, TOWN, OR LOCATION OF DEATH 7c INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d. Methodst Hospital, Gary HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

STATE OF BIRTH (IF NOT IN U.S.A.) 8. Illinois CITIZEN OF WHAT COUNTRY 9. U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10 Married SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11 Catherine Albano

USUAL RESIDENCE BEFORE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 12. 312-05-0650 SOCIAL SECURITY NUMBER 13a Retired 13b Supervisor

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a Ind. 14b Lake 14c Gary 14d. yes 14e. Calumet

14f 4924 Van Buren St. IS RESIDENCE ON A FARM? 14g YES NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15 Walter Nawrocki 15 Stella Kozlowski

16a Catherine Nawrocki 16b Wife 16c 4924 Van Buren St. Gary, Ind. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
10. IMMEDIATE CAUSE

(a) Crushing injury of head and chest

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST
(b) DUE TO, OR AS A CONSEQUENCE OF

CAUSE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A).

AT ACCIDENT, SUICIDE, HOMICIDE, OR UNCLERMINED (SPECIFY) 20a accident DATE OF INJURY (MONTH, DAY, YEAR) 20b 5-15-71 HOUR 20c 3:30 p.m. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II) 20d involved in cave-in

INJURY AT WORK (SPECIFY YES OR NO) 20e no PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE, BLOG, ETC. (SPECIFY) 20f home site LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20g 6307 Taney Court, Merrillville, Indiana

CORONER'S CERTIFICATION R—ON THE BASIS OF THE EXAMINATION OF THE BODY AND ON THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

DEATH OCCURRED (HOUR) 21a 4:10 p.m. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) 21b May 15 1971 DATE SIGNED (MONTH, DAY, YEAR) 21c May 17, 1971

CERTIFIER (TYPE OR PRINT) 22a Alexander S. Williams, M.D., Coroner SIGNATURE 22b Alexander S. Williams DEGREE OR TITLE 22c M.D.

MAILING ADDRESS—CERTIFIER 23a 751 Washington St. CITY OR TOWN 23b Gary STATE 23c Indiana ZIP 23d 46402

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial 24b Calumet Park 24c Merrillville Ind. 24d 245

DATE (MONTH, DAY, YEAR) 24a 5-19-71 24b Pruzin 24c 6360 Broadway, Gary, Ind. 24d 46409

FUNERAL DIRECTOR—NAME AND ADDRESS 25a Signature SIGNATURE OF HEALTH OFFICER— (RECEIVED BY LOCAL HEALTH OFFICER) 25b Signature

Below for State Office Use
APR 1 1983
A
B
C
D
E
F
G
H
I
J
1
2
3
4
5
6
7
8
SUMMYPDAKE Sub.
Sto 10x11 Bl 1
47-404-10
EMBALMER'S NAME: Mrs. M. Small
LICENSE NO. 4277
FUNERAL DIRECTOR'S LICENSE NO. 937

RECORDED
MAY 17 1971
APR 17 1971

34129
4

(12)

RECEIVED OFFICE
Harold B. ...
CITY OF WASH., D.C.
FEB 14 1952