

Balsnoff & Balsnoff
9447 Bridles
Hemmond 46324

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

742410

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 10

Local No. 620-83

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
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FUNERAL HOME No. 150
FUNERAL DIRECTOR'S LICENSE No. 717
FUNERAL DIRECTOR'S LICENSE No. 1322
EMBALMER'S NAME EDWARD F. MULLANEY
FUNERAL DIRECTOR'S SIGNATURE Lorraine Miller

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST BRUCE LACKEY		2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) APRIL 18, 1983
4. RACE WHITE	5a. AGE—Last Birthday (Mo, Day, Year) 42	5b. UNDER 1 YEAR MO. DAYS 6 13	5c. UNDER 1 DAY HOURS MIN. SECS. 14 00 00
6. DATE OF BIRTH (Mo, Day, Yr.) JUNE 13, 1940		7a. COUNTY OF DEATH LAKE	
7b. CITY, TOWN OR LOCATION OF DEATH DYER		7c. HOSPITAL OR OTHER INSTITUTION—Name (if not in other gross street and number) OUR LADY OF MERCY HOSP.	
8. STATE OF BIRTH (if not in U.S.A.) ILL.		9. CITIZEN OF WHAT COUNTRY U.S.A.	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. SURVIVING SPOUSE (if with gross maiden name) CAROL ZABOROWSKI	
12. SOCIAL SECURITY NUMBER 346-30-2995		13. USUAL OCCUPATION (Give kind of work done during most of working life prior to death) OPERATING ENGINEER	
14a. RESIDENCE—STATE IND.		14b. COUNTY LAKE	
15a. STREET AND NUMBER 14700 W 90TH ST.		15b. CITY, TOWN OR LOCATION DYER	
16. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		17. IS RESIDENCE ON A FARM? 17a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. FATHER—NAME FIRST MIDDLE LAST ROBERT N. LACKEY		19. MOTHER—MAIDEN NAME FIRST MIDDLE LAST LOUISE LARSON	
20. INFORMANT—NAME (If type in print) RELATIONSHIP CAROL LACKEY WIFE		21. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 14700 W. 90TH ST. DYER, IND. 46311	
22. BURIAL, CREMATION, REMOVAL OTHER (Specify) CREMATION		23. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE ZIP OAKLAND MET. LANES DOLTON, ILL.	
24. DATE (MONTH, DAY, YEAR) APRIL 20, 1983		25. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) FAGEN-MILLER FUNERAL GARDENS INC. DYER, IND. 46311	
26. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. 26a. (Signature) William A. Cataldi		27. DATE SIGNED (Mo, Day, Yr.) 4-18-83	
28. NAME OF ATTENDING PHYSICIAN (Type or Print) William G. Cataldi, D.O.		29. HOUR OF DEATH M	
30. MAILING ADDRESS—PHYSICIAN 231 Joliet Street, Dyer, IN 46311		31. DATE RECEIVED BY LOCAL HEALTH OFFICER 4-18-83	
32. HEALTH OFFICER—SIGNATURE Peen Jacey M.D.		33. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) FILED	
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Cardiac and respiratory failure		35. INTERVAL BETWEEN ONSET AND DEATH JAN 23 1984	
36. DUE TO OR AS A CONSEQUENCE OF (b) Acute liver disease		37. AUTOPSY (Specify Yes or No) NO	
38. DUE TO OR IS A CONSEQUENCE OF (c) Cirrhosis of liver		39. STATE OF DEATH FILED	

SRH 06-003 State Form 35430 REV. 10/77

OLD HICKORY ESTATES UNIT # 4 LOT. 32

KEY # 11-197-4

AUDITOR LAKE COUNTY