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

742694

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 848-Y

State No. 907

Field	Entry
1. Deceased—Name (First, Middle, Last)	Frank B. Grish
2. Sex	Male
3. Date of Death	June 5, 1981
4. Race	White
5a. Age—Last Birthday (Yrs)	69yrs.
6. Date of Birth	5-21-1912
7a. County of Death	Lake
7b. City, Town or Location of Death	Dyer, Indiana
7c. Hospital or Other Institution	Our Lady of Mercy Hospital
7d. If Hosp or Inst. Indicate DOA, OP, Emer. Rm, Inpatient	Inpatient
8. State of Birth	North Carolina
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	Married
11. Surviving Spouse	Ethel (Leiby)
12. Was Decedent Ever in U.S. Armed Forces?	Yes
13. Social Security Number	303-12-8223
14a. Usual Occupation	Retired- Grish Brothers
14b. Kind of Business or Industry	
15a. Residence—State	Indiana
15b. County	Lake
15c. City, Town or Location	Dyer, Indiana
15d. Street and Number	8513 Parrish Street
15e. Is Residence on a Farm?	No [X]
15f. Inside City Limits	Yes
15g. Is Deceased of Spanish Descent?	Yes [ ] No [ ]
16. Father—Name	Michael Grzych
17. Mother—Maiden Name	Katherine Pozdal
18a. Informant—Name	Ethel Grish
18b. Mailing Address	8513 Parrish Street St. John Indiana 46373
19a. Burial, Cremation, Removal, Other	Burial
19b. Cemetery or Crematory	Oak Hill Cemetery (Hammond)
19c. Location	Hammond, Indiana
20a. Date	June 8, 1981
20b. Funeral Home—Name and Address	Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana
21a. Signature (M.D. or D.O.)	John [signature]
21b. Date Signed	6/8/1981
21c. Hour of Death	M
21d. Name of Attending Physician	
21e. Mailing Address—Physician	
22a. Health Officer—Signature	Peter Fiecy M.D.
22b. Date Received by Local Health Officer	6-8-81

23. Immediate Cause (Enter only one cause per line for (a), (b), and (c))

Part I
(a) Cardiac Arrest
Due to or as a consequence of
(b) Severe Coronary Artery Disease
Due to or as a consequence of
(c) Chronic Renal Insufficiency

Part II Other significant conditions—

24. Autopsy:

FILED

JAN 24 1984

[signature] AUDITOR LAKE COUNTY

JAN 25 2 29 PM '84 — WILLIAM ... JR RECORDER

Funeral Director's License No. 1951

Embalmer's License No. 750

Lake County Health Commissioner

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

JUN 8 1981

Peter Fiecy M.D.

KEY 11-17-20
PT W2 N2 NW NW
S27 T35 R9 3.09AC

KEY 11-19-33
N278.10 ft of N1106.80 ft
SW NW S27 T35 R9 9AC

Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

SBH 08-003
REV. 10/77