

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

FILED

JUL 5 1984

Lucie B. Ricketts
AUDITOR LAKE COUNTY

419

LUY 52 No.

Times Cholston

FUNERAL HOME

963

FUNERAL DIRECTORS
LICENSE No.

Walter W. Walczak

763300

31-0425

Local No.

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Return to the State Board of Health

78

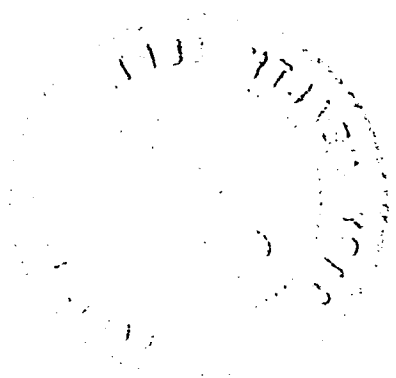
DECLAIED NAME DONALD A DENNISON		SEX MALE	DATE OF DEATH JUNE 20, 1984
RACE White	AGE 66	DATE OF BIRTH Sept. 28, 1917	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION 369 Madison Street	IF HOSP OR INST... Home
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIAGE STATUS Married	SURVIVING SPOUSE Angeline
SOCIAL SECURITY NUMBER 312 05 5406		USUAL OCCUPATION Retired	KIND OF BUSINESS OR INDUSTRY Sheet & Tin Corp.
USUAL RESIDENCE WHERE DECLARED Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary	
STREET NUMBER 369 Madison Street		IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PARENTS			
FATHER William Dennison		MOTHER Emily Anderson	
RELATIONSHIP Angeline Dennison Wife		MAILING ADDRESS 369 Madison St. Gary, Indiana	
DISPOSITION Burial		CEMETERY OR CREMATORIUM Calumet Park Cem.	LOCATION Merrillville, Indiana
DATE June 23, 1984		FUNERAL HOME Stilinovich & Matrolik 7535 Taft St. Merr., Ind.	
DATE RECEIVED BY LOCAL HEALTH OFFICE JUN 26 1984		HOUR OF DEATH 9:10 AM '84	
CAUSE Cardiac arrhythmia		DATE RECEIVED BY LOCAL HEALTH OFFICE JUN 26 1984	

*File 44-246-34
Gary Dental Co's 7-16-84
3 Bk
4 Bk*

STATE OF INDIANA
FILE FOR FILING
JUL 5 9 10 AM '84
WILEY
RUBEN
ROSEN
JUR

MD 400

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RECEIVED
 HEALTH COMMISSION
 CITY OF GARY, IND.
 DATE JUN 26 1984