

TYPE OR PRINT
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UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit
Provisional Certificate
Yes No

776110

FUNERAL HOME No. 726
FUNERAL DIRECTOR'S LICENSE No. 4074
FUNERAL DIRECTOR'S LICENSE No. 702
EMBALMER'S NAME: Martin Gabor
FUNERAL DIRECTOR'S SIGNATURE: Irene Gabor

Key # 29-96-5
Schrage Central Blvd S. 5-88-4

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Benedict Danks
119th St
Whiting Ind 46394
State No. 9

Local No.

1. DECEASED—NAME FIRST MIDDLE LAST Anna Zaborsky		2. SEX Female	3. DATE OF DEATH (MONTH, DAY, YEAR) Aug. 22, 1981
4. RACE White	5a. AGE—Last Birthday (Yrs.) 86	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.
6. DATE OF BIRTH (Mo., Day, Yr.) 9-11-1894		7a. COUNTY OF DEATH Lake	
7b. CITY, TOWN OR LOCATION OF DEATH Whiting		7c. HOSPITAL OR OTHER INSTITUTION—Name, if not as such it give street and number 2034 Schrage Avenue	
7d. IF HOSP. OR INST., Indiana DOA (If Enter Res., Department Authority)		7e. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or Mo.) no	
8. STATE OF BIRTH (If not in U.S.A. name country) Czechoslovakia	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	11. SURVIVING SP/USE (If not as such, give maiden name)
12. SOCIAL SECURITY NUMBER 313-01-4909	13a. USUAL OCCUPATION (Give kind of work done, a long must be working the year of report) Housework	13b. KIND OF BUSINESS OR INDUSTRY Own Home	
14a. USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. RESIDENCE—STATE COUNTY Indiana Lake	14b. CITY, TOWN OR LOCATION Whiting	14c. IS RESIDENCE ON A FARM? 15c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15a. STREET AND NUMBER 2034 Schrage Avenue		15b. INSIDE CITY LIMITS (Specify Yes or No) Yes	
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. FATHER—NAME FIRST MIDDLE LAST JOHN HILLA		17. MOTHER—MAIDEN NAME FIRST LAST ELIZABETH JR SIMKO	
18a. INFORMANT—NAME (Type a print) John Zaborsky, son,		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 2034 Schrage Ave., Whiting, Ind. 46394	
19a. BURIAL OR CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE St. John Cemetery Hammond Ind.	
20a. DATE (Mo., Day, Year) Aug. 25, 1981		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Baran & Son, Inc., 1235 119th St., Whiting, Ind. 46394	
21a. NAME OF ATTENDING PHYSICIAN Frank A. Benchik, M.D.		21b. DATE SIGNED (Mo., Day, Yr.) Aug. 25, 1981	
21c. HOUR OF DEATH 6:20 A.M.		21d. M.D. OR D.O.	
22a. HEALTH OFFICER—SIGNATURE Peter Steyer, M.D.		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 25 August 1981	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) generalized arteriosclerosis DATE TO, OR AS A CONSEQUENCE OF (b) DATE TO, OR AS A CONSEQUENCE OF (c)		24. CAUSE PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Disturbance Metabolism	

FILED

OCT 12 1984

AUDITOR LAKE COUNTY

24 NO

Joe