

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

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

Local No. **97 800778**

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

PARENTS

DISPOSITION

CERTIFIER

FUNERAL HOME
No. 727

LICENSE No. 864

FUNERAL DIRECTOR'S
LICENSE No. 1523

EMBALMER'S NAME David W. Rusich

FUNERAL DIRECTOR'S SIGNATURE *David W. Rusich*

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

CAUSE

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH				State No.
DECEASED - NAME FIRST MIDDLE LAST Nicholas Ogrzovich		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 2/26/80	
RACE - (a) White, Black, American Indian, etc. (Specify) 4. White	AGE - Last Birthday (Year) 5a. 57	UNDER 1 YEAR 5b. MONTHS 5c. DAYS 5d. HOURS 5e. MINS	DATE OF BIRTH (Mo., Day, Yr.) 6. 2/10/23	COUNTY OF DEATH 7a. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. East Chicago		HOSPITAL OR OTHER INSTITUTION - (Name; if not an enter, give street and number) 7c. St. Catherine's Hospital	IF HOSP. OR INST. Indicate DDA, DP/Emphy, or equivalent (Specify) 7d. DDA	
STATE OF BIRTH (If not in U.S.A. name country) 8. Iowa	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife give maiden name) 11. Dolores Ford	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. Yes; WW2
SOCIAL SECURITY NUMBER 13. 355-12-0716		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Helper	KIND OF BUSINESS OR INDUSTRY 14b. Whiting Filtration Plant	
RESIDENCE - STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Whiting		
STREET AND NUMBER 15d. 2429 Schrage		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER - NAME FIRST MIDDLE LAST 16. Eli Ogrzovich		MOTHER - MAIDEN NAME FIRST MIDDLE 17. Milka Unknown		
INFORMANT - NAME (If deceased, relationship) 18a. Dolores Ogrzovich		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 2429 Schrage Avenue Whiting, IN 46394		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b. St. John Cemetery		LOCATION CITY OR TOWN STATE ZIP 19c. Hammond, IN 46324
DATE (MONTH, DAY, YEAR) 20a. March 1, 1980		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Ruzich Funeral Home, 2031 Indianapolis Blvd., Whiting, IN		
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated		DATE SIGNED (Mo., Day, Yr.) 21b. 3/5/80	HOUR OF DEATH 21c. _____ M	
21a. Signature A. Willardo, M.D. NAME AND ADDRESS OF CERTIFIER (Type or Print) 21i. ALBERT T. WILLARDO, M.D. 2293 North Main Street Crown Point, IN 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. ON 2/26/80	PRONOUNCED DEAD (Hour) 21e. AT 1:10 P.M.	
HEALTH OFFICER'S SIGNATURE 22a. E.A. Campagna, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 3-10-80		
IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) AND (c)) PART I (a) Coronary occlusion due to arteriosclerotic heart and vascular disease		Interval between onset and death Undetermined		
(b) _____		Interval between onset and death _____		
(c) _____		Interval between onset and death _____		
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to the immediate cause PART II APR 26 1985		AUTOPSY (Specify Yes or No) 24. No		
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify) 25a. NATURAL	DATE OF INJURY (Mo., Day, Yr.) 25b. _____	HOUR OF INJURY 25c. _____	DESCRIBE HOW INJURY OCCURRED 25d. 1181	
INJURY AT WORK (Specify Yes or No) 25a. _____	PLACE OF INJURY - At home, farm, street, etc. 25b. _____	LOCATION 25c. ADDITIONAL COUNTY	STREET OR R.F.D. NO. 25d. _____	CITY OR TOWN STATE 25e. _____

4/00