

TYPE OR PRINT
PLAINLY WITH

812285

INDIANA STATE BOARD OF HEALTH
HEALTH OFFICER'S CERTIFICATE OF DEATH

39-19
LAWYERS TITLE INS. CO. OF
7895 BROADWAY
State No. MERRILLVILLE, IND. 46541

Local No. 747

PERMANENT INK

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
RUTH		M.	VALENCIK	FEMALE	SEPT. 15, 1975	LAKE	
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		4. AGE—LAST BIRTHDAY (YEARS)	5a. UNDER 1 YEAR MOS.	5b. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7a. COUNTY OF DEATH	
WHITE		53			6/3/31/1922	LAKE	
3. CITY, TOWN, OR LOCATION OF DEATH			7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
HAMMOND			YES	6542 COLORADO STREET			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
INDIANA		U.S.A.		MARRIED		FRANK VALENCIK	
12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORK LIFE, IF EVER RETIRED)		13b. KIND OF BUSINESS OR INDUSTRY			
311-16-2756		HOME MAKER		OWN HOME			
14a. RESIDENCE—STATE		14b. COUNTY		14c. CITY, TOWN OR LOCATION		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
INDIANA		LAKE		HAMMOND		YES	
14e. STREET AND NUMBER		14f. TOWNSHIP		14g. IS RESIDENCE ON A FARM?			
6542 COLORADO STREET		NORTH		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> XX			
15. FATHER—NAME		16. MOTHER—MAIDEN NAME					
JOHN GRIMMER		ULVA DILTS					
17a. INFORMANT—NAME		17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
FRANK VALENCIK		HUSBAND		6542 COLORADO ST. HAMMOND, IND.			

THIS IS TO CERTIFY THAT AS HEALTH OFFICER I HAVE MADE AN INVESTIGATION INTO THE CAUSE OF DEATH OF THE PERSON LISTED IN ITEM No. 1. THIS INVESTIGATION WAS MADE UNDER THE AUTHORITY AND WITHIN THE LIMITS OF CHAPTER 157, ACTS OF 1949 SECTION 1225. AS A RESULT OF SUCH INVESTIGATION I HAVE DETERMINED THE CAUSE OF DEATH TO BE: (See Item 18).

18. PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) IMMEDIATE CAUSE		Circumary Occlusion	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Myocardial Ischemic Disease	
(c) DUE TO, OR AS A CONSEQUENCE OF:			
18. PART II. OTHER SIGNIFICANT CONDITIONS		AUTOPSY (YES OR NO)	
		NO	
CERTIFICATION—HEALTH OFFICER		DATE RECEIVED BY HEALTH OFFICER	
C. E. Frankowski, M.D.		SEP 18 1975	
19. I (DID, DID NOT) VIEW THE BODY AFTER DEATH		DEATH OCCURRED AT	
I did not		M. 21b. THE DECEDENT WAS PRONOUNCED DEAD ON: Sept 15 1975 AT M.	
21c. NAME AND SIGNATURE		21d. STREET OR R.F.D. NO.	
C. E. Frankowski, M.D.		City Hall	
21e. MAILING ADDRESS		21f. CITY TOWN STATE ZIP	
5925 Calumet Ave		Hammond, Ind 46320	
21g. BURIAL, CREMATION, REMOVAL (SPECIFY)		21h. LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER	
BURIAL		SCHERERVILLE, INDIANA 281	
22a. BURIAL—DATE MO. DAY YEAR		22b. CEMETERY, CREMATORY, FUNERAL HOME	
9/18/1975		CHAPEL LAWN	
22c. FUNERAL HOME—NAME		22d. FUNERAL HOME—ADDRESS	
BURNS FUNERAL HOMES, INC.		HAMMOND, INDIANA	
23c. FUNERAL DIRECTOR—SIGNATURE		23d. HEALTH OFFICER—SIGNATURE	
Thomas J. Burnett		C. E. Frankowski, M.D.	
23e. DATE RECEIVED BY HEALTH OFFICER		23f. MONTH DAY YEAR	
SEP 18 1975			

THIS CONTAINS THE ABOVE IN A TRUE AND CORRECT COPY

Audited by Add
Assembly 8/18/75
8/17
#31480-17

FILED
JUL 19 1987

HEALTH COMMISSIONER
AUDITOR LAKE COUNTY

EMBALMER'S NAME
LICENSE No. 4516

FUNERAL DIRECTOR'S LICENSE No. 2380

Disposition Permit Issued / /
Provisional Certificate
 Yes No

REC'D
CLAY
SEP 15 1975

