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
K
L
1
2
3
4
5
6
7
8
9
10
11
12

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

89-3480

Local No. 3176-86

FUNERAL HOME No. 203

FUNERAL DIRECTOR'S LICENSE No. 13272

HEALTH DEPT. DEC 9 1986

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 DECEASED—NAME (First, Middle, Last): FRANK PLOTZKI

2 SEX: Male

3 DATE OF DEATH (Month, Day, Year): Dec 3, 1986

4 RACE: WHITE

5a AGE—Last Birthday (Years): 81

5b UNDER 1 YEAR: MOS / DAYS

5c UNDER 1 DAY: HOURS / MINS

6 DATE OF BIRTH: Mar 15, 1905

7a COUNTY OF DEATH: LAKE

7b CITY, TOWN OR LOCATION OF DEATH: MERRILLVILLE

7c HOSPITAL OR OTHER INSTITUTION: METHODIST HOSPITAL

7d IF HOSP OR INST: Inpatient

8 STATE OF BIRTH: INDIANA

9 CITIZEN OF WHAT COUNTRY: USA

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married

11 SURVIVING SPOUSE: ANNA ZURAWSKI

12 WAS DECEDENT EVER IN US ARMED FORCES?: No

13 SOCIAL SECURITY NUMBER: 306-03-2118

14a USUAL OCCUPATION: GUARD

14b KIND OF BUSINESS OR INDUSTRY: RAND McNALLY

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

15a RESIDENCE—STATE: INDIANA

15b COUNTY: LAKE

15c CITY, TOWN OR LOCATION: GRIFFITH

15d STREET AND NUMBER: 849 HWY 330

15e IS RESIDENCE ON A FARM? YES ☐ NO ☒X

15f INSIDE CITY LIMITS: Yes

15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC: YES ☐ NO ☒X

PARENTS

16 FATHER—NAME (First, Middle, Last): JOSEPH PLOTZKI

17 MOTHER MAIDEN NAME (First, Middle, Last): MARY KWASNIAK

DISPOSITION

18a INFORMANT—NAME (Type or print) RELATIONSHIP: ANNA PLOTZKI, WIFE

18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 849 HWY 330, GRIFFITH, IN 46319

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial

19b CEMETERY OR CREMATORY—FUNERAL HOME: ST. MICHAELS CEMETERY

19c LOCATION (City or Town, State): SCHERERVILLE, IN 46375

20a DATE (Month, Day, Year): Dec 6, 1986

20b FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): FAGEN MILLER FUNERAL GARDENS, 2828 HWY AV., HIGH, IN 46322

To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated

21a (Signature) ▶

21b DATE SIGNED (Mo., Day, Yr.)

21c HOUR OF DEATH: • M

NAME OF ATTENDING PHYSICIAN (Type or Print): DR. DENNIS STREETER

21d MAILING ADDRESS—PHYSICIAN

21e

M.D. OR D.O.

LAKE COUNTY HEALTH COMMISSIONER

FILED

DEC 29 1986

AUDITOR LAKE COUNTY

22a HEALTH OFFICER—SIGNATURE

22b DATE RECEIVED BY LOCAL HEALTH OFFICER: 12-9-86

CAUSE

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

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)

PART I

(a) Cardiopulmonary arrest — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF

(b) Pulmonary Embolism — Interval between onset and death

DUE TO, OR AS A CONSEQUENCE OF

(c) DVT — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I(a)): Atherosclerotic Cerebrovascular disease — AUTOPSY (Specify Yes or No): 24 No

Roberta Mellett

SBH 06-003 State Form 35430
REV.10/77

1623 4-00

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE UNDERSIGNED.

LICENSE No.