

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

870328

CHICAGO TITLE INSURANCE

INDIANA DIVISION

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

R-561 US

State No.

Local No. 2408-85

DECEASED - NAME 1 Oscar W. Lokotzke		SEX Male	DATE OF DEATH (MONTH DAY YEAR) December 16, 1985
RACE (e.g. White, Black, American Indian or Alaskan) 4 White	AGE (Last Birthday) 5a 86	UNDER 1 YEAR 5b MONTHS DAYS	UNDER 1 DAY 5c HOURS MIN
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION (Name, street and number) 7c Merrillville Convalescent Center	IF HOSP OR INST (Indicate DOA or I or R, the hospital/agency) 7d Inpatient
STATE OF BIRTH (e.g. Ind. or U.S.A. name country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED 10 Widowed	SURVIVING SPOUSE (e.g. Mr. John Doe) 11
SOCIAL SECURITY NUMBER 11 313-07-4047 A		USUAL OCCUPATION (e.g. kind of work done during most of working life) 14a Retired Painting Contractor	KIND OF BUSINESS OR INDUSTRY 14b Lokotzke Decorating
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Merrillville	
STREET AND NUMBER 15d 2657 W. 59th Place		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSURANCE CITY LIMITS (Specify type of ins.) 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 Albert Lokotzke		MOTHER - MAIDEN NAME (FIRST MIDDLE LAST) 17 Tillie Radke	
INFORMANT - NAME (Type in print) 18 Leone Tombers - Daughter	RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO.) 18b 2657 W. 59th Place	CITY OR TOWN STATE ZIP Merrillville, Indiana 46410
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery	LOCATION 19c Merrillville, Indiana	
DATE (MONTH DAY YEAR) 20a December 21, 1985	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Geisen Funeral Home, Inc. 7905 Broadway Merrillville, Ind.	DATE SIGNED (Mo. Day Yr.) 21b December 19, 1985	
NAME OF ATTENDING PHYSICIAN (Type in print) 21d John Koletis		HOUR OF DEATH 21c 2:00 P.M.	
MAILING ADDRESS - PHYSICIAN 21e 611 Harrison St. Merrillville, Indiana 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 12-19-85	
HEALTH OFFICER - SIGNATURE 22a		CONDITIONS (If any which gave rise to immediate cause stating the underlying cause last)	
PART I (a) (b) (c) 1. cerebral aneurysm and bleed		INTERVAL BETWEEN ONSET AND DEATH	
PART II OTHER SIGNIFICANT CONDITIONS (e.g. trauma contributing to death but not related to cause given in PART I)		AUTOPSY (Specify type and how) 24 No	

Below for State Office Use

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FILED
AUG 18 1985
AUDITOR LAKE COUNTY
FUNERAL HOME
LICENSE No. 10059
FUNERAL DIRECTOR'S LICENSE No. 200367

Ronald J. DeSanto 1985

FUNERAL DIRECTOR'S SIGNATURE

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

PARENTS

DISPOSITION

CAUSE

1008-A

400