

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

903742

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

0051

Local No. 1149-86

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

1 DECEASED NAME FIRST MIDDLE LAST LOUIS HICKMAN		2 SEX M		3 DATE OF DEATH MONTH DAY YEAR 06/05/86	
4 RACE WHITE	5a AGE 69	5b MONTH YEAR 03/04/17	5c UNDER 1 DAY LAKE	6 DATE OF BIRTH MONTH DAY YEAR 03/04/17	
7a CITY TOWN OR LOCATION OF DEATH MUNSTER		7b HOSPITAL OR OTHER INSTITUTION COMMUNITY HOSPITAL		7c IF HOSP OR INST indicate DOA (See page 10 of Handbook) E/	
8 STATE OF BIRTH INDIANA	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED NEVER MARRIED WIDOWED DIVORCED MARRIED	11 SURVIVING SPOUSE MARIE KOSZRAC		12 WAS DECIDENT IN ARMED FORCES? NO
13 SOCIAL SECURITY NUMBER 306-10-5017		14a USUAL OCCUPATION RETIRED		14b KIND OF BUSINESS OR INDUSTRY BLAW KNOX	
15a RESIDENCE STATE IN	15b COUNTY LAKE	15c CITY TOWN OR LOCATION MUNSTER		15d STREET AND NUMBER 900 FULLERTON	
15e IS RESIDENCE ON A FARM? NO		15f INSIDE CITY LIMIT (Specify Yes or No) NO		15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN (CUBAN PUERTO RICAN ETC) NO	
16 FATHER NAME LOUIS A HICKMAN		17 MOTHER MAIDEN NAME ANTONA SCHULTZ		18 INFORMANT NAME (Type or print) MARIE HICKMAN WIFE	
19a BURIAL CREMATION REMOVAL OTHER (Specify) BURIAL		19b CEMETERY OR CREMATORY - FUNERAL HOME CHAPEL LAWN CEMETERY		19c LOCATION CITY OR TOWN STATE SCHERERVILLE IN	
20a DATE 06/07/86		20b FUNERAL HOME - NAME AND ADDRESS (Street or Rte. No. City or Town State Zip) BURNS-KISH FUNERAL HOMES, INC. 8415 CALMET AVE		21a NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. Robert Lee	
21b MAILING ADDRESS PHYSICIAN Lincoln way Valparaiso		21c DATE RECEIVED BY LOCAL HEALTH OFFICER 6-10-86		21d DATE SIGNED (Month Day Year) June 12 1986	
21e HOUR OF DEATH 6-5-86 AM		22a HEALTH OFFICER - SIGNATURE Paul Johnson		22b	
23 IMMEDIATE CAUSE Cardiac Arrest		23a INTERMEDIATE CAUSE (Narrow down to one or two) Myocardial Infarction		23b INTERVAL BETWEEN ONSET AND DEATH Sudden	
23c UNDERLYING CAUSE (Specify the underlying cause last) Arteriosclerotic Heart Disease		23d		23e INTERVAL BETWEEN ONSET AND DEATH Sudden	
23f		23g		23h	

28-210-51
Below for State Office Use
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FUNERAL HOME No. 1149-86
FEB 23 1986
JUN 12 1986
ANTONIA SCHULTZ
FEB 23 1986
JUN 12 1986

FILED
ANTONIA SCHULTZ
FEB 23 1986
JUN 12 1986

RICHARD J. BLASTICK
REGISTER, LAKE COUNTY STATE OF INDIANA
46321

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