

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

Below State Office Use

133800-87-42-0
Kellay - Summer Blvd 10to
Be 4
45-205-33157
FEB 2 1987
Crown Point, Indiana

EMBALMER'S NAME: Charles W. Wells
FUNERAL DIRECTOR'S SIGNATURE: *Charles W. Wells*
LICENSE No. 4237
FUNERAL HOME: No. 245
LICENSE No. 1448
FUNERAL HOME: No. 245

903945

Local No. 273-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Ret to: John Olejnik 1550 Jefferson St, Gary, IN 46408

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

1 DECEASED - NAME FIRST MIDDLE LAST ANTOINETTE OLEJNIK		SEX Female	DATE OF DEATH - MONTH DAY YEAR February 9, 1987
2 RACE - (e.g. White, Black, American Indian or Alaskan) White	3 AGE - (Last Birthday) 80	4 UNDER 1 YEAR MOY DAY	5 UNDER 1 DAY HOURS MIN
6 DATE OF BIRTH - (Mo. Day Year) 1/25/1907	7a COUNTY OF DEATH Lake	7b HOSPITAL OR OTHER INSTITUTION Merrillville Convalescent Center	
8 CITY, TOWN OR LOCATION OF DEATH Merrillville	9 STATE OF BIRTH - (Mo. or U.S. Name) Illinois	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	11 SURVIVING SPOUSE - (Mo. or U.S. Name) John J. Olejnik
12 WAS DECEDENT EVER IN U.S. ARMED FORCES? no	13 SOCIAL SECURITY NUMBER 312-05-8641	14a USUAL OCCUPATION Homemaker	14b KIND OF BUSINESS OR INDUSTRY Own Home
15a RESIDENCE - STATE Indiana	15b COUNTY Lake	15c CITY, TOWN OR LOCATION Gary	15d IS RESIDENCE ON A FARM? NO <input checked="" type="checkbox"/>
16 STREET AND NUMBER 4356 Jefferson St.		17 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO <input checked="" type="checkbox"/>	
18 FATHER - NAME Michael	19 MOTHER - MAIDEN NAME Catherine	20 INFORMANT - NAME (Type or print) RELATIONSHIP John J. Olejnik Husband	
21 Mailing Address 4356 Jefferson St., Gary, Indiana 46408		22 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial	
23 CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery		24 LOCATION Merrillville, Indiana	
25 DATE (MONTH DAY YEAR) February 12, 1987		26 PRUZIN BROTHERS FUNERAL SERVICE, 6360 Broadway, Merr. Ind. 46410	
27 To the best of my knowledge, death occurred at the time, date, place and due to the cause(s) stated. <i>Jacob B. Pruitt</i>		28 DATE SIGNED (Mo. Day Year) February 10, 1987	29 HOUR OF DEATH 10:25 a.m.
30 NAME OF ATTENDING PHYSICIAN (Type or print) Jacob B. Pruitt M.D.			
31 MAILING ADDRESS - PHYSICIAN 7895 Broadway, Merrillville, Indiana 46410			
32 HEALTH OFFICER - SIGNATURE <i>Paul Johnson</i>		33 DATE RECEIVED BY LOCAL HEALTH OFFICER 2-11-87	
34 PART I IMMEDIATE CAUSE <i>Pressure</i>		35 INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
36 PART II OTHER SIGNIFICANT CONDITIONS		37 AUTOPSY (Specify Yes or No) NO	

THOR TITLE INSURANCE
Crown Point, Indiana

46408