

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

How for State Office Use

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Disposition Permit Issued / /
Provisional Certificate
 Yes No

904117

EMBALMER'S NAME Edgar Gleim
FUNERAL DIRECTOR'S SIGNATURE C. A. Kuiper
LICENSE No. R. P. 172
FUNERAL DIRECTOR'S LICENSE No. F. P. 27199
FUNERAL HOME No. 750

Local No. 346-87

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

DISPOSITION

CERTIFIER

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

CAUSE

1 DECEASED—NAME FIRST MIDDLE LAST ANDREW L. DOLAK		SEX Male	DATE OF DEATH (MONTH DAY YEAR) February 19, 1987
2 RACE—(a) White, Black, American Indian, etc. (Specify) White	3 AGE—Last Birthday (Mo./Yr.) 77	4 UNDER 1 YEAR MOB DATE	5 UNDER 1 DAY HOURS MIN
6 CITY, TOWN OR LOCATION OF DEATH Munster		7a HOSPITAL OR OTHER INSTITUTION—(Name if not in cell or give street and number) Community Hospital	
7b IF HOSP OR INST indicates DOA, DP, Emer. Rm., Inpatient (Specify) E.R.		7c COUNTY OF DEATH Lake	
8 STATE OF BIRTH (If not in U.S.A. name country) Illinois	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Mary Kochalka
12 SOCIAL SECURITY NUMBER 306-03-4504		13 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No	
14 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		15 KIND OF BUSINESS OR INDUSTRY Steel Company	
16a RESIDENCE—STATE Indiana	16b COUNTY Lake	16c CITY, TOWN OR LOCATION Highland	
17a STREET AND NUMBER 3610 Ridge Road		17b IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	17c INSIDE CITY LIMITS (Specify 100 or more feet from street) Yes
18 DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19 FATHER—NAME FIRST MIDDLE LAST George Dolak		20 MOTHER—MAIDEN NAME FIRST MIDDLE Anna Suca	
21 INFORMANT—NAME RELATIONSHIP Mary Dolak (Wife)		22 MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE 3610 Ridge Rd., Highland, Indiana 46322	
23a NORMAL, CREMATION, REMOVAL, OTHER (Specify) Burial		23b CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Chapel Lawn Cemetery Schererville, IN	
24 DATE (MONTH DAY YEAR) February 23, 1987		25 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Kuiper Funeral Home, 9039 Kleinman, Highland, IN 46322	
26 On the basis of information and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated. <i>Daniel D. Thomas</i>		27 DATE SIGNED (Mo., Day, Yr.) 2/20/87	28 HOUR OF DEATH M
29 SIGNATURE NAME AND ADDRESS OF CERTIFIER (Type or Print) DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		30 PRONOUNCED DEAD (Mo., Day, Yr.) 2/19/87	31 PRONOUNCED DEAD (Hour) 3:30 P.M.
32 HEALTH OFFICER—SIGNATURE <i>Daniel D. Thomas</i>		33 DATE RECEIVED BY LOCAL HEALTH OFFICER 2-23-87	
34 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Subarachnoid hemorrhage Undetermined (b) Neck & pelvic fractures (c) Due to fall			
35 OTHER SIGNIFICANT CONDITIONS—(Carry on contributing to death but not related to cause given in PART I (a)) PART II 24 Yes			
36 ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) Accident	37 DATE OF INJURY (Mo., Day, Yr.) 2/19/87	38 HOUR OF INJURY M	39 DESCRIBE HOW INJURY OCCURRED Fall from tree
40 INJURY AT WORK (Specify Yes or No) No	41 PLACE OF INJURY—(At home, farm, street, factory, office building, etc. (Specify)) Yard		42 LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE 3610 Ridge Rd., Highland, IN

RICHARD J. BEASTICK
 RECORDED
 STATE COUNTY
 FEB 22 57 PM '87
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