

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

918792

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Daugherty & Daugherty
8.47th Ave. Merr.
46410

Local No. 803-87

State No. _____

Below for State Office Use

- A _____
- B _____
- C _____
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FILED

LICENSE NO. 8500505
APR 24 1987
FUNDAL DIRECTOR'S SIGNATURE Robert Wiatrolak
FUNDAL DIRECTOR'S LICENSE NO. 19422
EMBALMER'S NAME #15-419-5 Alexis Inanos

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED AT TIME OF OCCURRENCE OF INSTAUTION, GIVE RESIDENCE BEFORE PERMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

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

CAUSE

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
1 EDWARD		J.	ROKICKI	Male	April 23, 1987	
RACE - (e.g. White, Black, American Indian, etc.) (Specify)	AGE - Last Birthday (Yrs)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo. Day Yr)	COUNTY OF DEATH	
4 White	6a 60	5b	5c	June 24, 1926	Lake	
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION (Name if not on other page street and number)		IF HOSP OR INST Indicate DOA OP Emer. Rm. Institution (Specify)	
7b Merrillville			72966 West 60th Drive		7 Residence	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED - NEVER MARRIED WIDOWED - DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Indiana	9 U.S.A.	10 Married	11 Helen Buncich		12 Yes	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (If no kind of work done during last 12 months)		KIND (OF BUSINESS OR INDUSTRY	
13 303-32-0055			14a Retired (Shear Dept)		14 National Material Corp.	
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?	INSURANCE LIMITS (Specify Yes or No)	
15a Indiana	15b Lake	15c Merrillville		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f Yes	
STREET AND NUMBER			IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC		RECORDED	
15d 2966 West 60th Drive					MAY 28 4 45 PM '87	
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	
16 Ray				Rokicki	17 Stella	
INFORMANT - NAME (Type or Print)		RELATIONSHIP		MAILING ADDRESS		
18a Helen Rokicki		18b Wife		18c 2966 West 60th Drive Merrillville, Indiana 46410		
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION		
19a Burial		19b Calumet Park		19c Merrillville, Indiana		
DATE (MONTH DAY YEAR)		FUNERAL HOME - NAME AND ADDRESS		(STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)		
20a April 27, 1987		20b St. Ilinovich & Wiatrolak 7535 Taft St. Merr., In. 46410		20c		
To the best of my knowledge and belief and to the date of this certificate signed			DATE SIGNED (Mo. Day Yr)	HOUR OF DEATH		
21a (Signature) <i>John Kolettis</i>			21b 4-23-87	21c M		
NAME OF ATTENDING PHYSICIAN (Type or Print)			MAILING ADDRESS - PHYSICIAN			
21d Dr. Kolettis			21e 6111 Harrison St.			
HEALTH OFFICER'S SIGNATURE			DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a <i>Robert Johnson</i>			22b 4-24-87			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))			Interval between onset and death			
(a) cerebral vascular acc						
(b) cerebral ischemic						
(c) death of heart						
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			AUTOPSY (Specify Yes or No)			
PART II			24			

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