

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

Below for State Office Use
KEY 29-103-4

A STANDARD ADD
LOT 4 BLOCK 4

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EMBALMER'S NAME *Thomas Owens*

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

973327

FUNERAL HOME No. 724
FUNERAL DIRECTOR'S LICENSE No. 965
FUNERAL DIRECTOR'S LICENSE No. 104

Local No. 404
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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Pauline Bednar

6960

DECLASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH - MONTH - DAY - YEAR	
1 Edward				Bednar	Male	September 19, 1984	
RACE - <i>White</i>	AGE - <i>75</i>	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH - <i>Nov 7 08</i>	COUNTY OF DEATH - <i>Lake</i>		
CITY, TOWN OR LOCATION OF DEATH - <i>East Chicago</i>				HOSPITAL OR OTHER INSTITUTION - <i>St Catherine</i>		IF HOSP OR INST. Indicate DOA (P. Page No. Important Specify)	
STATE OF BIRTH - <i>IL</i>	CITY OF WHAT COUNTRY - <i>USA</i>	MARRIED NEVER MARRIED	WIDOWED DIVORCED	SURVIVING SPOUSE - <i>Widowed</i>		WAS DECEDENT EVER IN U.S. ARMED FORCES? <i>NO</i>	
SOCIAL SECURITY NUMBER - <i>313-01-4401</i>		USUAL OCCUPATION - <i>Wearmaster</i>		KIND OF BUSINESS OR INDUSTRY - <i>grocer</i>			
RESIDENCE - STATE - <i>IN</i>	COUNTY - <i>Lake</i>	CITY, TOWN OR VILLAGE - <i>Whiting PO</i>		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY OR NO)	
STREET AND NUMBER - <i>1613 Ohio</i>		15c		15d		15e	
15 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC.							
16 PARENTS							
FATHER - NAME FIRST MIDDLE LAST - <i>John Bednar</i>				MOTHER - MAIDEN NAME FIRST MIDDLE LAST - <i>Mary Harcharik</i>			
INFORMANT NAME - <i>Geo Bednar</i>		RELATIONSHIP - <i>SON</i>		MAILING ADDRESS - <i>4522 Dearborn Hammond</i>		CITY OR TOWN STATE ZIP - <i>Hammond IN 46324</i>	
BURIAL CREMATION REMOVAL OTHER - <i>Burial</i>		CEMETERY OR CREMATORY - FUNERAL HOME - <i>ST Mary</i>		LOCATION - <i>Hammond</i>		CITY OR TOWN STATE ZIP - <i>Hammond IN 46324</i>	
DATE (MONTH DAY YEAR) - <i>9-22-84</i>		FUNERAL HOME - NAME AND ADDRESS - <i>Owens Funeral Home 816 1/2 Th S</i>		CITY OR TOWN STATE ZIP - <i>Hammond IN 46324</i>		DATE SIGNED (MONTH DAY YEAR) - <i>9/27/84</i>	
21a (Signature) <i>[Signature]</i>		21b		21c		21d	
21 NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d MAILING ADDRESS - PHYSICIAN							
21e							
HEALTH OFFICER - SIGNATURE - <i>E.A. Campagnari M.D.</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER - <i>9-28-84</i>			
22 IMMEDIATE CAUSE (ENTER IN FULL CAUSE PER LINE FOR 22a AND 22b)							
PART I (a) <i>Medical accident</i>							
PART I (b) <i>Medical accident</i>							
PART II OTHER SIGNIFICANT CONDITIONS (Conditions such as being in dream but not in fact cause given in PART I)							

FILED

APR 19 1988

Anna M. Anton
AUDITOR LAKE COUNTY

LILLIAN A. BLASTICK
FRED ORDER
CRAIG W. BLASTICK
INDIANA
APR 19 2 51 PM '88
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