

TYPE OR PRINT
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UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Form
Issued Yes No
Final
Certificate
 Yes No

097361

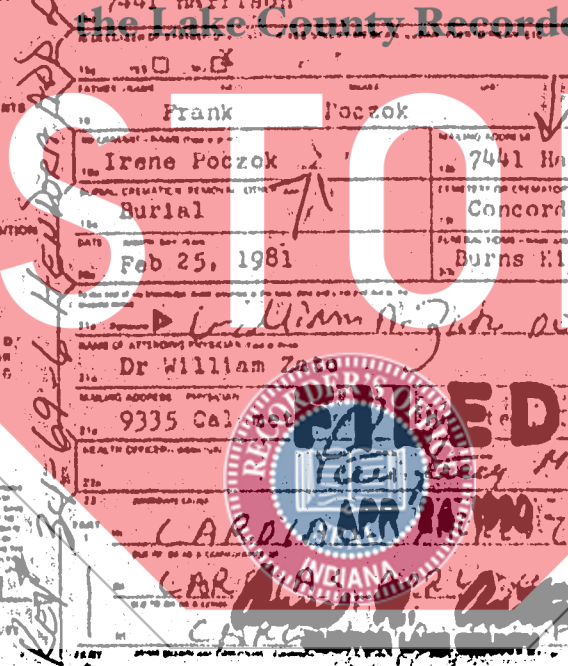
LAKE COUNTY BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 302-71

State No.

DECEASED NAME: **POCZOK**
FURNERAL HOME: **456**
FURNERAL DIRECTOR: **Frank J. Kish**
LICENSE NO.: **4539**
FURNERAL DIRECTOR'S LICENSE NO.: **2301**

DECEASED NAME POCZOK		DATE OF DEATH Feb 23, 1981	
SEX White	AGE 53	DATE OF BIRTH Dec 18, 1927	CITY OF BIRTH Lake
CITY/TOWN OF DEATH Crown Point		PLACE OF DEATH St. Anthony Hospital	
STATE OF BIRTH Indiana	COUNTRY OF BIRTH U.S.A.	USUAL RESIDENCE Irens	USUAL OCCUPATION General Agent
LOCAL SECURITY NUMBER 163-32-5397	RESIDENT STATE Ind	COUNTY Lake	CITY/TOWN OF RESIDENCE Hammond
USUAL RESIDENCE ADDRESS 7441 Harrison		CITY/TOWN OF RESIDENCE Hammond	
FATHER NAME Frank Poczok		MOTHER NAME Mary	
MARRIAGE ADDRESS 7441 Harrison Ave Hammond Indiana 46320		MARRIAGE ADDRESS 7441 Harrison Ave Hammond Indiana 46320	
BURIAL Burial		BURIAL ADDRESS Concordia	
DATE OF BURIAL Feb 25, 1981		FUNERAL HOME Burns Fish Fun. Hl	
NAME OF ATTENDING PHYSICIAN Dr William A. Zato		DATE OF DEATH Feb 23, 1981	
MARRIAGE ADDRESS 9335 Cal. Ave Hammond Indiana 46321		MARRIAGE ADDRESS 9335 Cal. Ave Hammond Indiana 46321	
DEATH CERTIFICATE RESPIRATORY FAILURE		DEATH CERTIFICATE RESPIRATORY FAILURE	
CAUSE OF DEATH RESPIRATORY FAILURE		CAUSE OF DEATH RESPIRATORY FAILURE	
MANNER OF DEATH NATURAL		MANNER OF DEATH NATURAL	



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Charles Johnson
LAKE COUNTY HEALTH COMMISSIONER

STATE OF INDIANA/S.S. NO. _____
LAKE COUNTY
FILED FOR RECORD

APR 26 2 25 PM '81

ROBERT J. ROSS
RECORDER
FELLSLAND

4.00

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