

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

1133889

Local No. 480

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State LTIC 50016
No.

TYPE OR PRINT IN PERMANENT INK THE INSTRUCTIONS SEE HANDBOOK

DECEASED

DEATH OCCURRED IN INSTITUTION SEE HANDBOOK RE: AGENCY COMPLETION OF RESIDENTS NAME

PARENTS

DISPOSITION

CERTIFIER

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

FUNERAL HOME No. 150

FUNERAL DIRECTOR'S LICENSE No. 461

LICENSE No. 549

EMBALMERS NAME John B. Lesniak

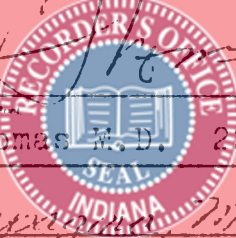
SIGNATURE *John B. Lesniak*

DECEASED - NAME 1 <u>Mary Grycaj</u>		FIRST MIDDLE LAST <u>Grycaj</u>		SEX <u>Female</u>	DATE OF DEATH MONTH DAY YEAR <u>November 25, 1984</u>
RACE 4 <u>White</u>	AGE IN YEARS 50 51 52 53 54 55 56 57 58 59 60 <u>60</u>	MONTH YEAR NOV 1984	UNDER 1 DAY HOURS MIN	DATE OF BIRTH MONTH DAY YEAR <u>Nov. 15, 1924</u>	COUNTY OF DEATH <u>Lake</u>
CITY TOWN OR LOCATION OF DEATH 7a <u>East Chicago</u>		HOSPITAL OR OTHER INSTITUTION 7c <u>St. Catherine</u>		IF HOSP OR INST. WHERE DEATH OCCURRED 7d <u>Emer Rm.</u>	
STATE OF BIRTH 8 <u>Poland</u>	CITIZEN OF WHAT COUNTRY 9 <u>U.S.A.</u>	MARRIED NEVER MARRIED 10 <u>Married</u>	SURVIVING SPOUSE 11 <u>Anthony</u>	WAS DECEASED EVER IN U.S. ARMED FORCES? 12 <u>No</u>	
SOCIAL SECURITY NUMBER 13 <u>306-38-9006</u>		USUAL OCCUPATION 14a <u>Home maker</u>	KIND OF BUSINESS OR INDUSTRY 14b <u>Own Home</u>		
RESIDENCE - STATE 15a <u>Indiana</u>	COUNTRY 15b <u>Lake</u>	CITY TOWN OR LOCATION 15c <u>East Chicago</u>			
STREET AND NUMBER 14d <u>4931 Tod Avenue</u>		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS 15f <u>Yes</u>		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PORTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER - NAME 16 <u>Paul Pilecki</u>		MOTHER - MAIDEN NAME 17 <u>Anna N/A</u>			
INFORMANT - NAME (Type or print) 18a <u>Anthony Grycaj (Husband)</u>		MAILING ADDRESS 18b <u>4931 Tod Avenue</u>	STREET OR RFD NO.	CITY OR TOWN <u>East Chicago</u>	STATE ZIP <u>Indiana 46312</u>
BURIAL CREMATION REMOVAL OTHER 19a <u>Burial</u>		CEMETERY OR CREMATORY - FUNERAL HOME 19b <u>Holy Cross Cemetery</u>		LOCATION CITY OR TOWN STATE 19c <u>Calumet City, Ill</u>	
DATE MONTH DAY YEAR 20a <u>November 26, 1984</u>		FUNERAL HOME - NAME AND ADDRESS 20b <u>Lesniak F.H. 4918 Magoun Ave. East Chicago Ind.</u>		STREET OR RFD NO. CITY OR TOWN STATE ZIP	
On the basis of examination and/or investigation in my official capacity, the date and place of death are as stated.		DATE SIGNED (Mo. Day, Yr.) 21b <u>11/27/84</u>	HOUR OF DEATH 21c <u>12:05</u>		
SIGNATURE 21a <i>Daniel D. Thomas</i>		PRONOUNCED DEAD (Mo. Day, Yr.) 21d <u>ON 11/23/84</u>	PRONOUNCED 21e <u>RECORD</u>		
NAME AND ADDRESS OF CERTIFIER (State or Print) 21i <u>Daniel D. Thomas M.D. 2293 North Main St. Crown Point, Indiana</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <u>11-28-84</u>			
HEALTH OFFICER - SIGNATURE 22a <i>E.A. Compagnon</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <u>11-28-84</u>			
PART I (a) <u>Acute myocardial infarction with rupture into pericardial sac; Cardiac temponade</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Undetermined</u>			
(b) <u>pericardial sac; Cardiac temponade</u>		INTERVAL BETWEEN ONSET AND DEATH			
(c) <u>OTHER SIGNIFY ANY CONDITIONS - Conditions contributing to death but not listed in cause given in PART I(a)</u>		INTERVAL BETWEEN ONSET AND DEATH			
PART II 25a <u>Natural</u>		DATE OF INJURY (Mo. Day, Yr.) 25b	HOUR OF INJURY 25c	DESCRIBE HOW INJURY OCCURRED <u>Anna R. Anton</u>	
INJURY AT WORK, IN PLAY, OR AT HOME 25d		PLACE OF INJURY 25e	LOCATION <u>AUSTIN LAKE COUNTY</u>	CITY OR TOWN STATE <u>INDIANA</u>	

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STOP



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JUL 25 1990

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46007

STATE OF INDIANA
LAKE COUNTY RECORDER
FILED
RECORD

Disposition Permit Issued / /
Provisional Certificate
 Yes No

1