

Key No.: 12-156-1  
 Lot 3 in High Ridge Estates Unit 2, in the Town of St. John, as per plat thereof, recorded October 5, 1972 in Plat Book 42 page 83, in the Office of the Recorder of Lake County, Indiana.

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

Below for State Office Use

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Disposition Permit Issued: / /  
 Provisional Certificate  
 Yes  No

91039745

1111-77

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

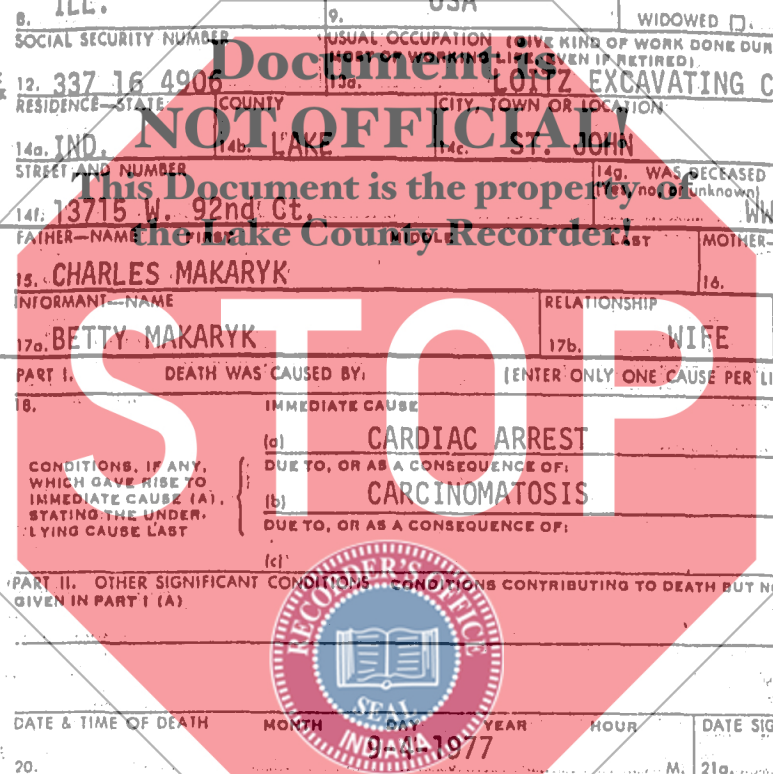
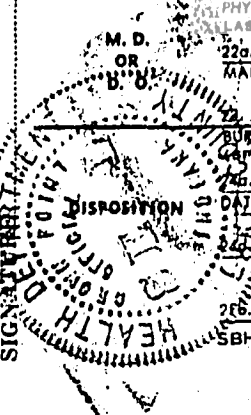
COMMUNITY #108 607  
 421 W. 81st Avenue  
 Merrillville, IN 46410  
 State No. ....

65000

DECEASED—NAME FIRST MIDDLE LAST  
 1. WALTER MAKARYK  
 SEX 2. MALE  
 DATE OF DEATH (MONTH, DAY, YEAR) 3. 9-4-1977  
 RACE 4. WHITE AGE—LAST BIRTHDAY (YEARS) 5a. 50 UNDER 1 YEAR MOB. DAYS 5b. UNDER 1 DAY HOURS MIN. 5c. DATE OF BIRTH (MONTH, DAY, YEAR) 6. 9-4-1921 COUNTY OF DEATH 7a. LAKE  
 CITY, TOWN, OR LOCATION OF DEATH: 7b. DYER INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. YES HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. OUR LADY OF MERCY HOSP.  
 DECEASED 7e. ILL. STATE OF BIRTH (IF NOT IN U.S.A., NAME & COUNTRY) 9. USA CITIZEN OF WHAT COUNTRY 9. USA MARRIED  NEVER MARRIED  SURVIVING SPOUSE  WIFE, MAIDEN NAME 10. BETTY DEYOUNG  
 USUAL RESIDENCE WHEN DECEASED 8. ILL. SOCIAL SECURITY NUMBER 12. 337 16 4906 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. EXCAVATING CO. KIND OF BUSINESS OR INDUSTRY 13b.  
 RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION 14a. IND. 14b. LAKE 14c. ST. JOHN INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. YES TOWNSHIP 14e. ST. JOHN  
 STREET AND NUMBER 14f. 13715 W. 92nd Ct. 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) WW II RESIDENCE ON A FARM  YES  NO  
 FATHER—NAME FIRST MIDDLE LAST 15. CHARLES MAKARYK MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. MARY KANIA  
 INFORMANT—NAME 17a. BETTY MAKARYK RELATIONSHIP 17b. WIFE MAILING ADDRESS—(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. 13715 W. 92nd Ct. St. John Ind.  
 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
 18. IMMEDIATE CAUSE (a) CARDIAC ARREST (b) CARCINOMATOSIS (c)  
 CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST  
 CAUSE (PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A))  
 DATE & TIME OF DEATH MONTH DAY YEAR HOUR 20. 9-4-1977 M. DATE SIGNED MONTH DAY YEAR 21a. 9-6-1977  
 PHYSICIAN'S NAME (TYPE OR PRINT) 22a. ADELA PEREZ, MD SIGNATURE OF PHYSICIAN 22b. DR. PEREZ PHY. CODE NO.  
 MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP  
 Route 30 and Church St., Dyer Ind.  
 BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE  
 24b. CHAPEL LAWN 24c. SCHERERVILLE, IND.  
 DATE (MONTH, DAY, YEAR) 25a. 9-7-1977 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)  
 FAGEN MILLER F. GARDENS INC., 1920 Hart St., Dyer, Ind.  
 HEALTH OFFICER—SIGNATURE 26a. PETER STECY, MD DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. 9-8-1977

FUNERAL HOME No. 150  
 No. 2472  
 LICENSE No.  
 R. L. MILLER 1186  
 R. STEWART 1976  
 R. MILLER 1976  
 R. STEWART 1976  
 R. MILLER 1976  
 R. STEWART 1976

LAKE COUNTY HEALTH COMMISSIONER



FILED

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