

91055468

Hold - Mark
Hway Dept

TYPE OR PRINT
PLAINLY WITH
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THIS IS A
PERMANENT
RECORD

THIS IS A COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT

Disposition Permit Issued / /
Provisional Certificate Yes [] No []

NOV 1 1982
BALMER'S NAME: Bernard E. Little
NATURE: Funeral Director's License No. 11,219
FURNERAL HOME: Ann's Funeral Home

Local No. 1663-82

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

DECEASED—NAME FIRST MIDDLE LAST Fearl Ann Yankusky			SEX Female	DATE OF DEATH (MONTH DAY YEAR) 10/16/82
RACE White	AGE—Last Birthday (Yrs) 76	UNDER 1 YEAR MOS DAYS HOURS MINS	DATE OF BIRTH (Mo. Day Yr.) 11/15/05	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Crown Point		HOSPITAL OR OTHER INSTITUTION—Name (if not in other part street and number) 9015 Colfax St.		IF HOSP OR INST UNDER DOA OR 3-10-82-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-00
STATE OF BIRTH (if not in U.S. & name country) Ohio	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	SURVIVING SPOUSE (if wife give maiden name)	
SOCIAL SECURITY NUMBER 314-14-4424	RESIDENCE—STATE Indiana	RESIDENCE—COUNTY Lake	RESIDENCE—CITY, TOWN OR LOCATION Crown Point	WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
STREET AND NUMBER 9015 Colfax St.		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	KIND OF BUSINESS OR INDUSTRY Own home	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.				
FATHER—NAME John Yankusky		MOTHER—MAIDEN NAME Eva Kavalousky		
INFORMANT—NAME Frank Yankusky, Son		MAILING ADDRESS 9015 Colfax St. Crown Point, IN 46307		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FUNERAL HOME Chapel Lawn Cemetery		LOCATION Schereville, IN
DATE (MONTH, DAY, YEAR) 10/19/82		FUNERAL HOME—NAME AND ADDRESS Little Funeral Home		STREET (or R.F.D. NO., CITY OR TOWN, STATE, ZIP) 811 E. Franciscan Dr. Crown Point, IN 46307
21a Signature: Albert T. Willard		DATE SIGNED (Mo., Day, Yr.) 10-18-82		HOUR OF DEATH Undetermined
NAME AND ADDRESS OF CERTIFIER (Type or Print) Albert T. Willard, M.D. 2293 N. Main St., Crown Point, IN 46307		21b PRONOUNCED DEAD (Mo., Day, Yr.) ON 10/16/82		21c PRONOUNCED DEAD (Hour) 5:05 P.M.
HEALTH OFFICER—SIGNATURE Peter Frey M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 10-18-82		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
PART I (a) Vascular Collapse				Internal between onset and death Undetermined
(b) due to Arteriosclerotic heart & Vascular Disease				Internal between onset and death
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY: (Specify Yes or No) No
ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED	
Natural	25b	25c M	25d	
IN INJURY AT WORK (Specify Yes or No) PLACE OF INJURY: At home (or street, factory, office, trucking, etc.) (Specify)				

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

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DISPOSITION

CERTIFIER

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

CAUSE

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STATE OF INDIANA FILED FOR RECORD NOV 16 1982

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