

Beverly Highland
Highland

920249-9

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. 863-84

164347

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
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- X _____
- Y _____
- Z _____

87
5th Ave.
194-15
#32

FILED

LICENSE No. 4239

FUNERAL DIRECTORS

LICENSING 381

EMBALMER'S NAME Frank J. Kish

FUNERAL DIRECTOR'S SIGNATURE

TYPE (OR PRINT) IN PERMANENT INK WITH INSTRUCTIONS SET HANDWRITTEN

DECEASED

PARENTS:

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH LEAVE NO TIME FOR IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED - NAME PAULINE WITKOWSKI		SEX FEMALE		DATE OF DEATH (MONTH DAY YEAR) APRIL 23, 1986	
RACE White		AGE (YEARS MONTHS DAYS) 73		DATE OF BIRTH (MONTH DAY YEAR) JULY 27 1912	
CITY TOWN OR LOCATION OF DEATH MUNSTER		HOSPITAL OR OTHER INSTITUTION COMMUNITY HOSPITAL		IF HOSP OR INST (If None, see hospital type) INPATIENT	
STATE OF BIRTH Poland		CITY OF BIRTH Poland		MARRIED (WITH MARRIED WIDOWED DIVORCED) Anthony Witkowski	
SOCIAL SECURITY NUMBER 191 20 9411 A		USUAL OCCUPATION Home Maker		KIND OF BUSINESS OR INDUSTRY OWN Home	
RESIDENCE STATE INDIANA		CITY TOWN OR LOCATION MUNSTER		IS RESIDENCE ON A FARM? NO	
STREET AND NUMBER 543 RIVER DR.		IS RESIDENCE IN CITY LIMITS (Specify No. of No.) Yes		INSIDE CITY LIMITS (Specify No. of No.) Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY (SPANISH, PORTUGUESE, ETC.) NO					
FATHER NAME William Dobrzynski		MOTHER MAIDEN NAME ROBERT (REBECCA) REPRODE		STATE OF BIRTH INDIANA	
INFORMANT NAME (Type of Person) Anthony Witkowski Hus.		RELATIONSHIP Hus.		MAILING ADDRESS 543 River Dr Munster, Indiana 46321	
BURIAL CREMATION REMOVAL OTHER (Specify) Burial		CEMETERY OR CREMATORY - FUNERAL HOME Holy Cross		LOCATION Calumet City, Indiana 46321	
DATE (MONTH DAY YEAR) April 26, 1986		FUNERAL HOME - NAME AND ADDRESS BURNS KISH FUNERAL HOME		STREET AND NO. (If in town, state) Munster, Indiana 46321	
To the best of my knowledge at the time death occurred, the death was due to the causes stated: Cardi-respiratory arrest		DATE SIGNED (MONTH DAY YEAR) 4-25-86		HOUR OF DEATH 5:15 P.M.	
NAME OF ATTENDING PHYSICIAN (Type of Print) FREDERICK C. DELACOSTER, M.D.		MAILING ADDRESS PHYSICIAN 9030 COLUMBIA AVE., MUNSTER, IND. 46321		DATE RECEIVED BY LOCAL HEALTH OFFICER 4-25-86	
HEALTH OFFICER (Signature) Paul Johnson		HEALTH OFFICER (Type of Print) Paul Johnson		HEALTH OFFICER (Address) 1337	
PART I (a) Cardi-respiratory arrest		PART I (b) Massive myocardial infarction		PART I (c) Massive myocardial infarction	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) (b) (c)		PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) (b) (c)		PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) (b) (c)	

TICOR TITLE INSURANCE
Crown Point, Indiana