

NE-159

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
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RECORD

Helpful for State Office Use

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

Key # 14-1109-11
Raven's Court Hills Add Unit #1
12-11-84

92013429
Local No.

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

00256

DECEASED NAME 1 Edward Dzikowski		SEX 2 Male		DATE OF DEATH 3 June 5, 1986	
RACE 4a White		AGE 4b 60		PLACE OF DEATH 5a Lake	
CITY, TOWN OR LOCATION OF DEATH 6b Dyer		HOSPITAL OR OTHER INSTITUTION 7a 433 Cherry Hill Rd.		IF HOSP OR INST. (check box) 7b	
STATE OF BIRTH 8a Illinois		CITIZEN OF WHAT COUNTRY 9a U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10 Married	
SOCIAL SECURITY NUMBER 13 355-12-1777		USUAL OCCUPATION 14a Gardener		FIND OF BUSINESS OR INDUSTRY 14b U.S. Steel	
RESIDENCE - STATE 15a Indiana		COUNTY 15b Lake		CITY, TOWN OR LOCATION 15c Dyer	
STREET AND NUMBER 15d 433 Cherry Hill Rd.		IS RESIDENCE ON A FARM? 15e <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INSURANCE LIMITS 15f	
FATHER NAME 16a Frank Dzikowski		MOTHER MAIDEN NAME 16b Pearl Dzikowski		STATE OF INDIANA'S S.S.N.D. FILED IN REC'D	
INFORMANT NAME 17a Mary Edta Dzikowski (Wife)		RELATIONSHIP 17b (Wife)		MAILING ADDRESS 17c 433 Cherry Hill Rd., Dyer, Indiana 46311	
BURIAL INFORMATION 18a Burial		CIME (C) OR CREMATION 18b Chapel Lawn Memorial Gardens		LOCATION 18c Schererville, Indiana	
DATE OF BURIAL 19a June 9, 1986		FUNERAL HOME 19b Eagen-Mann of Indiana Gardens Inc.		ADDRESS 19c 9201 Hart St., Dyer, Indiana 46301	
NAME OF ATTENDING PHYSICIAN 20a Ray E. Drasgoh, M.D.		MAILING ADDRESS 20b 8127 Herrickville, Indiana		DATE SIGNED 20c 6/11/86	
SIGNATURE 21a <i>Ray E. Drasgoh</i>		DATE SIGNED 21b 6/11/86		HOURS OF DEATH 21c	
EMBALMER'S NAME 22a <i>Paul Pharis</i>		ADDRESS 22b 9201 Hart St., Dyer, Indiana 46301		DATE SIGNED 22c 6-11-86	

TYPE OR PRINT
THE
PERMANENT
INSTRUMENTS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED AT DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

LAKE COUNTY
M.D.
OR
D.O.

EMBALMER'S
SIGNATURE

CAUSE

1131-86

FUNERAL HOME
No. 150

FUNERAL DIRECTOR'S
LICENSE No. 1322

FUNERAL DIRECTOR'S
SIGNATURE

LICENSURE No. 6011

Lawrence Miller

EMBALMER'S NAME

Document is
NOT OFFICIAL!
This Document is the property of
Lake County Recorder!



FILED

MAR 5 1992

Paul N. Antonio
Treasurer Lake County

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