1. FA-3752

INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

Local No. 92073968 (27-88) 92054643 State No.

Return to: First American Title Insurance Company 5265 Commerce Drive Crown Point, Indiana 46307

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First / Middle / Last)			2 SEX	3 DATE OF DEATH (Mo. Day Yr.)
Raymond	Richard	Antkowiak	Male	March 21, 1988

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months	Days	5c UNDER 1 DAY Hours	Minutes	6 DATE OF BIRTH (Month Day Year)	7 BIRTHPLACE (City and State or Foreign Country)
306-01-7568	75					June 9, 1912	Chicago, Illinois

8 YEAR LAST SERVED IN US ARMED FORCES? 1945

9a PLACE OF DEATH (Check only one See instructions) HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER XX ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b FACILITY NAME (If not institution give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
Lowell Health Care Center	Lowell	Lake

10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify)	11 SURVIVING SPOUSE (If wife give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Frances Scepkowski	Operator	City of Hammond Water Filtration Plant

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Whiting	2613 New York Avenue

13e INSIDE CITY LIMITS? (Yes or no)	13f FARM	13g ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban Mexican Puerto Rican etc)	15 RACE—American Indian Black White etc (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
Yes	No	46394	☒ No ☐ Yes Specify	White	12	

PARENTS

17 FATHER'S NAME (First Middle Last)	18 MOTHER'S NAME (First Middle Maiden Surname)
Martin Antkowiak	Antoinette Cirzan

INFORMANT

19a INFORMANT'S NAME (Type Print)	19b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)	19c Relationship
Frances Antkowiak	2613 New York Ave, Whiting, IN 46394	Wife

DISPOSITION

20a METHOD OF DISPOSITION XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	20c LOCATION—City or Town State
	March 24, 1988 St. John Cemetery	Hammond, Indiana

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER (of Licensee)	22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Keith D. Anthony	1011911	Anthony & Dziadowicz F. H. 3002835 4404 Cameron Ave, Hammond, IN 46327

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a To the best of my knowledge death occurred at the time, date and place stated Signature and Title	23b LICENSE NUMBER	23c DATE SIGNED (Month Day Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24 TIME OF DEATH	25 DATE PRONOUNCED DEAD (Month Day Year)	26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)
10:26 am M	N/A	No

CAUSE OF DEATH

SEE INSTRUCTIONS

27. PART I Enter the diseases injuries or complications that caused the death Do not enter the mode of dying such as cardiac or respiratory arrest shock or heart failure List only one cause on each line

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a Cardio Pulmonary Arrest

Sequentially list conditions if any leading to immediate cause Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
DUE TO (OR AS A CONSEQUENCE OF)
b Coronary Artery disease
DUE TO (OR AS A CONSEQUENCE OF)
c
DUE TO (OR AS A CONSEQUENCE OF)
d

Approximate Interval Between Onset and Death: Aug 77

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	

NOV 19 1992

SEE INSTRUCTIONS

CERTIFIER

29a CERTIFIER (Check only one)

XX CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge death occurred due to the cause(s) and manner as stated Dana N. Anton

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing and certifying cause of death) To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner as stated

☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time date and place and due to the cause(s) and manner as stated

29b SIGNATURE AND TITLE OF CERTIFIER	29c LICENSE NUMBER	29d DATE SIGNED (Month Day Year)
	5000 25 21	3/21/88

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)
Randall L. Hile, M.D. 1020 E. Commercial Ave, Lowell, IN 46356

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month Day Year)
	3-22-88

CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				000588

34e PLACE OF INJURY—At home farm street factory office building etc (Specify)

34f LOCATION (Street and Number or Rural Route Number City or Town State)

SBH06-004 State Form 10110 (R/10-87) DEATH A PD