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Chicago Title Insurance Company

Local No. 723-893040763

FUNERAL HOME No. 242

689

LICENSE NO. 983

EMBALMER'S NAME Willard

FUNERAL DIRECTOR'S SIGNATURE *Ralph J. [Signature]*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Scale No. _____

DECEASED - NAME: Manda N. Niksic, Female, Date of Birth: March 13, 1986

RACE: White, AGE: 88, UNDER 1 YEAR: _____, UNDER 1 DAY: _____, DATE OF BIRTH: 6/12/97, COUNTY OF DEATH: Lake County

CITY, TOWN OR LOCATION OF DEATH: Merrillville, HOSPITAL OR OTHER INSTITUTION: Methodist - Southlake Campus, Status: Inpatient

STATE OF BIRTH: Indiana, CITIZEN OF WHAT COUNTRY: U.S.A., MARRIED: Widowed, SURVIVING SPOUSE: N/A

SOCIAL SECURITY NUMBER: 312-20-6174, USUAL OCCUPATION: Retired, TYPE OF BIRTHPLACE: American Bridge

RESIDENCE - STATE: Indiana, COUNTY: Lake, CITY, TOWN OR LOCATION: Merrillville

STREET AND NUMBER: 5858 Massachusetts, IS RESIDENCE ON A FARM: No

FATHER NAME: (Unknown), MOTHER MAIDEN NAME: (Unknown)

INFORMANT - NAME: Mary Collins, RELATIONSHIP: Daughter, MAILING ADDRESS: 5858 Massachusetts, Merrillville, Indiana 46410

BURIAL: Burial, CEMETERY OR CREMATION - FUNERAL HOME: Oak Hill Cemetery, Gary, Indiana

DATE OF BURIAL: March 15, 1986, FUNERAL HOME: Stolinovich & Wiatrolik F.H., 7535 Taft, Merrillville, Indiana

NAME OF ATTENDING PHYSICIAN: Pasquale S. Amico, M.D., MAILING ADDRESS: 6111 Harrison, Merrillville, Indiana 46410

HEALTH OFFICER'S SIGNATURE: *[Signature]*, DATE RECEIVED BY LOCAL HEALTH OFFICER: 3-14-86

CAUSE OF DEATH: *Chronic Coronary Heart Failure*
 PART I: *Acute Renal Failure*
 PART II: *Advanced Edematous Corrupt Heart Disease*



FILED

JUN 23 1993

01583

Anna N. Anton
AUDITOR LAKE COUNTY

FILED FOR REC-325

[Handwritten initials]