

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH AS FILED WITH THE LAKE COUNTY CLERK'S OFFICE.

EMBALMER'S NAME Charles W. Wells Rite with Lake County License No. 4237

FUNERAL HOME No. 245
FUNERAL DIRECTOR'S LICENSE No. 1448
FUNERAL DIRECTOR'S SIGNATURE *Thomas J. ...*

93046484

Local No. 2966-86

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED - NAME 1. ANNE R. KOLVEK		SEX Female	DATE OF DEATH (MONTH DAY YEAR) November 7, 1986
RACE - 109 White	AGE - 100 (Months) 71	UNDER 1 YEAR MO. DAY	UNDER 1 DAY HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH 70. Merrillville	HOSPITAL OR OTHER INSTITUTION - Name as on 109, 110, 111 and 112 71. Methodist Hospital Southlake Campus	DATE OF BIRTH (MO. DAY YEAR) 4/8/1915	COUNTY OF DEATH 72. Lake
STATE OF BIRTH (If not in U.S.A. name country) 73. Iowa	CITIZEN OF WHAT COUNTRY 74. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 75. Married	SURVIVING SPOUSE (If any, give name and address) 76. George Kolvek
SOCIAL SECURITY NUMBER 77. 312-05-8358	USUAL OCCUPATION (Give kind of work done during most of preceding year, specify type of return) 78. Housewife	KIND OF BUSINESS OR INDUSTRY 79. Homemaker	
RESIDENCE - STATE 80. Indiana	COUNTY 81. Lake	CITY, TOWN OR LOCATION 82. Crown Point	STREET AND NUMBER 83. 4018 Kingsway Dr.
USUAL RESIDENCE WHERE DECEASED LIVED - IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION		IS RESIDENCE ON A FARM? 84. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 85. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p style="text-align: center; font-size: 2em; color: red; opacity: 0.5;">NOT OFFICIAL!</p> <p style="text-align: center; font-size: 1.5em; color: red; opacity: 0.5;">This Document is the property of the Lake County Recorder!</p>			
FATHER - NAME (First Middle Last) 86. Michael Vedo	MOTHER - MAIDEN NAME 87. Mary	STATE OF BIRTH (If not in U.S.A. name country) 88. Indiana	
DECEASED'S RELATIONSHIP TO FATHER 89. George Kolvek Husband	DECEASED'S RELATIONSHIP TO MOTHER 90. Mary	MAILING ADDRESS (If different from residence) 91. 4018 Kingsway Drive, Crown Point, Indiana 46307	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 92. Burial	CEMETERY OR CREMATORY - FUNERAL HOME 93. Calumet Park Cemetery	LOCATION (City, Town or Location, State) 94. Merrillville, Indiana	
DATE (Month Day Year) 95. November 10, 1986	FUNERAL HOME - NAME AND ADDRESS 96. PRUZIN BROTHERS FUNERAL SERVICE, 6360 Broadway, Merr. Ind. 46410	DATE SIGNED (Mo. Day Year) 97. 11/10/86	
NAME OF ATTENDING PHYSICIAN (Type or Print) 98. P.J. Tara, M.D.		HOUR OF DEATH 99. 10:45 p.m. M	
ADDRESS - PHYSICIAN 100. 8127 Merrillville Road, Merrillville, Indiana 46410		DATE RECEIVED BY LOCAL HEALTH OFFICER 101. 11-10-86	
HEALTH OFFICER'S SIGNATURE 102. <i>Donald Johnson</i>		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3)) 103. Metastatic breast cancer JUL 19 1993	
PART 1 (1) Metastatic breast cancer		Interval between onset and death	
PART 2 (2) _____		Interval between onset and death	
PART 3 (3) _____		Interval between onset and death	
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1 (1)		AUTOPSY (Specify Yes or No) 104. no	



FILED

Anna N. Antos
AUDITOR LAKE COUNTY

SBH 06-003 State Form 35430 REV. 10/77

10-52-11d & 113, Lake of the Four Seasons Unit #69
Lots 1403 & 1404 00738