

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

Below for State Office Use

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EMBALMER'S NAME..... Charles W. Wells

LICENSE No. 4237

FUNERAL DIRECTOR'S  
SIGNATURE

*Charles W. Wells*

FUNERAL DIRECTOR'S  
LICENSE No. 1448

FUNERAL HOME  
No. 245

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

DECEASED

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

94029768  
Local No. 359-87

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Turkey Creek Meadow  
Unit #7, Lot 436  
State No. Key # 15-369-16  
Unit #08

DECEASED—NAME FIRST MIDDLE LAST <b>ANTHONY F. KLOC SR.</b>			SEX <b>Male</b>	DATE OF DEATH MONTH DAY YEAR <b>February 19, 1987</b>	
1 RACE—(a) White, Black, American Indian, etc. (Specify)	2 AGE—Last Birthday (Mo) (Da) (Yr)	3 UNDER 1 YEAR MO. DA. YR.	4 UNDER 1 DAY HOURS MINS.	5 DATE OF BIRTH (Mo) (Da) (Yr)	6 COUNTY OF DEATH
<b>White</b>	<b>66</b>			<b>7/6/1920</b>	<b>Lake</b>
7a CITY, TOWN OR LOCATION OF DEATH <b>Merrillville</b>			7c HOSPITAL OR OTHER INSTITUTION—Name of inst. or other, give street and number. <b>Methodist Hospital Southlake Campus</b>		7d IF HOSP OR INST. Indicate DGA OP (See Inst. Instructions) (Specify) <b>Inpatient</b>
8 STATE OF BIRTH (If not in U.S.A. Give Country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (If only give maiden name) <b>Catherine Dymanowski</b>		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
<b>Indiana</b>	<b>USA</b>	<b>Married</b>			<b>yes</b>
13 SOCIAL SECURITY NUMBER <b>316-09-1819</b>		14a USUAL OCCUPATION (Give kind of work done during most of working life, mention if seasonal) <b>Retired Steel Worker</b>		14b KIND OF BUSINESS OR INDUSTRY <b>US Steel Corp</b>	
15a RESIDENCE—STATE <b>Indiana</b>		15b COUNTY <b>Lake</b>		15c CITY, TOWN OR LOCATION <b>Merrillville</b>	
15d STREET AND NUMBER <b>828 W. 70th Ave.</b>			15e IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
15f IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
16 FATHER—NAME FIRST MIDDLE LAST <b>Frank Kloc</b>		17 MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Angela Pilecki</b>			
18a INFORMANT—NAME (If type or print) <b>Catherine Kloc</b>		18b RELATIONSHIP <b>Wife</b>		18c MAILING ADDRESS STREET OR P.O. NO. CITY OR TOWN STATE ZIP <b>828 W. 70th Ave., Merrillville, Indiana 46410</b>	
19a BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		19b CEMETERY OR CREMATORY—FUNERAL HOME <b>Calvary Cemetery</b>		19c LOCATION CITY OR TOWN STATE <b>Portage, Indiana</b>	
20a DATE (MONTH DAY YEAR) <b>February 23, 1987</b>		20b FUNERAL HOME—NAME AND ADDRESS (STREET OR P.O. NO. CITY OR TOWN STATE ZIP) <b>PRUZIN BROTHERS FUNERAL SERVICE, 6360 Broadway, Merr. Ind. 46410</b>			
21a To the best of my knowledge, death occurred at the time, date and place and the cause stated <i>Venkatram R. Garlapati</i>			21b DATE SIGNED (Mo) (Da) (Yr) <b>February 24, 1987</b>		21c HOUR OF DEATH <b>12:45 a.m.</b>
21d NAME OF ATTENDING PHYSICIAN (If type or print) <b>Venkatram R. Garlapati M.D.</b>					
21e MAILING ADDRESS—PHYSICIAN <b>209 E. 86th Ct., Merrillville, Indiana 46410</b>					
22a HEALTH OFFICER—SIGNATURE <i>Charles W. Wells</i>			22b DATE RECEIVED BY LOCAL HEALTH OFFICER <b>2-24-88</b>		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL OF PART I) PART I (a) <b>Cardio respiratory arrest</b>					
DUPLICATE TO OR AS A CONSEQUENCE OF (b) <b>Severe congestive heart failure and Card myopathy</b>					
DUPLICATE TO OR AS A CONSEQUENCE OF (c) <b>Cerebrovascular accident</b>					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not reported as cause given in PART I <b>Cardiac arrhythmia</b>					24 AUTOPSY (Specify Yes or No) <b>NO</b>

FILED  
 APR 19 1988  
 Auditor James N. Carter  
 LAKE COUNTY

*600*