

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

6'ccs

94030645

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

Local No.

1874-83

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

FUNERAL HOME  
125  
No.

520

NOV 7 1983

LICENSE No.

FUNERAL DIRECTOR'S  
LICENSE No. 366

MARTY ANDERSEN

EMBALMER'S NAME

FUNERAL DIRECTOR'S  
SIGNATURE

LAKE COUNTY HEALTH COMMISSIONER

M.D.  
OR  
D.O.

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

CAUSE

DECEASED

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

POSITION

1 DECEASED - NAME FIRST MIDDLE LAST TESSIE T. DRINSKI		SEX Female	DATE OF DEATH MONTH DAY YEAR November 3, 1983		
2 RACE White	3 AGE 71	4 UNDER 1 YEAR MONTHS DAYS	5 UNDER 1 DAY HOURS MINUTES SECONDS	6 DATE OF BIRTH MONTH DAY YEAR Sept. 3, 1912	7a COUNTY OF DEATH Lake
7b CITY TOWN OR LOCATION OF DEATH Crown Point		8 HOSPITAL OR OTHER INSTITUTION St. Anthony Medical Center		9 IF HOSP OR INST Inpatient	
10 STATE OF BIRTH Illinois	11 COUNTRY OF BIRTH U.S.A.	12 MARRIED NEVER MARRIED WIDOWED DIVORCED Married	13 SURVIVING SPOUSE John Drinski		14 WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
15 SOCIAL SECURITY NUMBER		16 USUAL OCCUPATION Clerical		17 KIND OF BUSINESS OR INDUSTRY Furniture Factory	
18 RESIDENCE - STATE Indiana		19 COUNTY Lake	20 CITY TOWN OR LOCATION Crown Point		
21 STREET AND NUMBER 1120 Pratt Street			22 IS RESIDENCE ON A FARM? NO		23 INSIDE CITY LIMITS YES
24 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC. NO					
25 FATHER - NAME FIRST MIDDLE LAST Joseph Siminski		26 MOTHER MAIDEN NAME FIRST LAST unknown		27	
28 INFORMANT - NAME John Drinski - Husband		29 RELATIONSHIP Husband		30 MAILING ADDRESS 1120 Pratt Street Crown Point, Indiana 46307	
31 BURIAL CHAMBER REMOVAL OTHER BURIAL		32 CEMETERY OR CREMATORY Chapel Lawn Memorial Gardens		33 LOCATION Schereville, Indiana	
34 DATE NOVEMBER 7, 1983		35 FUNERAL HOME - NAME AND ADDRESS Geisen Funeral Home Inc. 109 North East St. Crown Point, In		36 CITY OR TOWN STATE ZIP Crown Point, IN 463	
37 SIGNATURE M.D. OR D.O. Mary D. Carroll M.D.		38 DATE SIGNED November 3, 1983		39 HOUR OF DEATH 9:50 A.M.	
40 MAILING ADDRESS - PHYSICIAN 124 North Main Street, Crown Point, Indiana 46307		41 HEALTH OFFICER - SIGNATURE Pete Freely M.D.		42 DATE RECEIVED BY LOCAL HEALTH OFFICER 11-7-83	
43 PART I IMMEDIATE CAUSE (a) Carcinomatous DUE TO OR AS A CONSEQUENCE OF		44 PART II OTHER SIGNIFICANT CONDITIONS Carcinoma of colon DUE TO OR AS A CONSEQUENCE OF		45	
46		47		48	
49		50		51	
52		53		54	

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

TRs: SAME

RE: 7-187-5, 7-21-39, 7-21-52, 9-423-1

1428

FILED

APR 22 1994

David N. Antons

AUDITOR LAKE COUNTY

AUTOPSY (Specify Yes or No)  
NO

60