"ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal."

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 150 State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Mary A. Ancich
2. SEX: Female
3a. TIME OF DEATH: 3:10a.M
3b. DATE OF DEATH (Month, Day, Yr): April 27, 1994
4. SOCIAL SECURITY NUMBER: 317-32-9982
5a. AGE—Last Birthday (Years): 72
5b. UNDER 1 YEAR: 10 Months 7 Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): June 20, 1921
7. BIRTHPLACE (City and State or Foreign Country): East Chicago, Indiana
8a. WAS DECEDENT A U.S. VETERAN? No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? ------
9a. PLACE OF DEATH (Check only one box necessary): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): St. Catherine's Hospital
9c. CITY, TOWN OR LOCATION OF DEATH: East Chicago
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Victor J. Ancich
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Clerk
12b. KIND OF BUSINESS/INDUSTRY: Croatian Catholic Union of U.S.A. & Canada
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: East Chicago
13d. STREET AND NUMBER: 4745 Carey St.
13e. ZIP CODE: 46312
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM? [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th Grade; College (1-4 or 5+): ----

PARENTS

18. FATHER'S NAME (First, Middle, Last): Louis C. Summers
19. MOTHER'S NAME (First, Middle, Maiden Surname): Anna Husar

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Mr. Victor J. Ancich
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4745 Carey St., East Chicago, Indiana 46312
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 30, 1994 St. John Cemetery
21c. LOCATION—City or Town, State: Hammond, Indiana
22a. EMBALMER'S NAME: E. Eugene Johnson
22b. EMBALMER'S LICENSE NO: FD0-1044968
23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: E. Eugene Johnson
24b. LICENSE NUMBER (of Licensee): FD0-1044968
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Huber's Funeral Home-FDH-30[illegible] 905 W. Chicago Ave., East Chgo. In.

CAUSE OF DEATH

26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. Gastrointestinal Bleeding
DUE TO (OR AS A CONSEQUENCE OF):
b. [illegible]
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

Approximate Interval Between Onset and Death

PART II Other significant conditions - Conditions contributing to death but not resulting in the underlying cause given in Part I: Coronary artery disease; Diabetes mellitus, Type I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a. CERTIFIER (Check only one)
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] 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) as stated.
[ ] CORONER 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: [signature]
29c. MEDICAL LICENSE NO.: 01012389
29d. DATE SIGNED (Month, Day, Year): 4/28/94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Ronald R. Reed 3641 Ridge Road, Highland, IN

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] MD.
32. DATE FILED (Month, Day, Year): 4-30-94

33. MANNER OF DEATH: [ ] Natural [ ] Pending investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
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):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

Key # 30-202-15

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STOP
RECORDER'S OFFICE SEAL INDIANA
FILED FEB 1 [illegible] SAM ORLICH AUDITOR LAKE COUNTY
STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 95 FEB - [illegible] AM 10:[illegible]
MARGARETTE N. CLEVELAND LAKE COUNTY RECORDER
95005059