

INDIANA STATE DEPARTMENT OF HEALTH

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

Local No. 0116-95

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED (JOHN VAJDA), SOCIAL SECURITY NUMBER (312-30-3883), DATE OF BIRTH (June 9, 1913), PLACE OF BIRTH (Czechoslovakia), FACILITY NAME (4229 Augusta Drive), MARRITAL STATUS (Married), SURVIVING SPOUSE (Anna Elko), RESIDENCE (Indiana, Lake County, Crown Point), FATHER'S NAME (Michael Vajda), MOTHER'S NAME (Mary Copak), METHOD OF DISPOSITION (Burial), EMBALMER'S NAME (Robert A. Craigin, Jr.), CAUSE OF DEATH (NO CARCINOMA OF PANCREAS), CERTIFIER (Alexander S. Williams, M.D.), MANNER OF DEATH (Natural), DATE PRONOUNCED DEAD (January 17, 1995).

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



95058684

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD JAN 29 AM 8:04 1995

FILED

BARTON LICH AUDITOR LAKE COUNTY

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