

Key # 31-428-12

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

STATE OF INDIANA COUNTY OF LAKE INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 211284

DECEASED—NAME: JOHN KOWALIK; DATE OF DEATH: 11/7/84; SEX: Male; COUNTY OF DEATH: LAKE; RESIDENCE: EAST CHICAGO; FATHER: PETER KOWALIK; MOTHER: EVA; PHYSICIAN: Dr. Gaddipatti; CAUSE OF DEATH: Pneumonia; FILED: OCT 20 1999

TICOR: No 206816 ARREDDUD

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

THIS CERTIFICATE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

EMBALMER'S NAME: CHARLES WELLS NOV 9 1984 LICENSE No. 4237

FUNERAL DIRECTOR'S SIGNATURE: [Signature]

FUNERAL HOME No. 925

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

CONTINUE IF ANY ENTRY GAVE RISE TO IMMEDIATE CAUSE STATING THE IMMEDIATE CAUSE LAST

CAUSE

Disposition Permit Issued / / Provisional Certificate Yes No

PETER BENJAMIN LAKE COUNTY AUDITOR

001284