

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF INDIANA
LAKE COUNTY State No.
FILED

Local No. 1632-99
#200526

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) Tony [AKA Anthony] Charles Wilickas		2 SEX Male	3a TIME OF DEATH 14:16A	3b DATE OF DEATH (Month Day Yr) July 11, 1999	
4 *SOCIAL SECURITY NUMBER 312-09-5542	5b UNDER 1 YEAR 80	5c UNDER 1 DAY Months Days Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Nov. 7, 1918	7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	
8a WAS DECEDENT A US VETERAN? No	8b YEAR LAST SERVED IN US ARMED FORCES? None	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 14 Plum Creek Drive		9c CITY TOWN OR LOCATION OF DEATH Schererville	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Cecelia Hujda	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Foreman	12b KIND OF BUSINESS/INDUSTRY Construction		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Schererville	13d STREET AND NUMBER 14 Plum Creek Drive		
13e ZIP CODE 46375	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican Puerto Rican etc)	16 RACE—American Indian, Black, White etc (Specify) White	
17 DECEASED'S EDUCATION (Specify only highest grade completed) 10		18 FATHER'S NAME (First Middle Last) Anthony Wilickas			
19 MOTHER'S NAME (First Middle Maiden Surname) Ann Shimkus		20a INFORMANT'S NAME (Type/Print) Cecelia Wilickas			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14 Plum Creek Dr, Schererville, IN 46375		20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) July 14, 1999 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Schererville, Indiana	
22a EMBALMER'S NAME Larry D. Anthony		22b EMBALMER'S LICENSE NO. 01001447	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b LICENSE NUMBER (of Licensee) 01001447	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave, Munster, IN 46321		
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 OBSTRUCTIVE LUNG DISEASE DUE TO (OR AS A CONSEQUENCE OF) b DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I ATROPHIC LIVER DISEASE					
27 WAS DECEDENT PREGNANT OR SO POSTPARTUM? (Yes or no) No		28 WAS AUTOPSY PERFORMED? (Yes or no) No		29 AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i>		29c MEDICAL LICENSE NO. 1027468	29d DATE SIGNED (Month Day Year) JULY 12, 1999		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) George T. Asteris, M.D. 2450-169th St, Hammond, IN 46323					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>			32 DATE FILED (Month Day Year) 7/13/99		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE INJURY OR CAUSE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT 9.00 E.P.
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number, Rural Route Number, or Town, State) JUL 13 1999			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian 22257 <i>Alexander S. Williams, MD</i> LAKE COUNTY HEALTH COMMISSIONER			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Thomas J. Ryan 4704 Adams Blvd. E. City 46312

NOT OFFICIAL
This Document is the property of the Lake County Records Office
FILED
MAR 29 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR