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EMBALMER'S NAME Robert Kaniewski  
 FUNERAL HOME LICENSE No. 238 / CARRIER RECORDER  
 FUNERAL DIRECTOR'S LICENSE No. 318  
 FUNERAL HOME No. 637  
 FUNERAL DIRECTOR'S SIGNATURE Robert Kaniewski

Local No. 54

## INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

1. DECEASED—NAME <b>EDWARD GORKA</b>		SEX <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>FEB. 11, 1985</b>
2. RACE <b>WHITE</b>	3. AGE—Last Birthday (Year) <b>69</b>	4. UNDER 1 YEAR MO. DAYS <b>6</b> <b>14</b>	5. UNDER 1 DAY HOURS MIN. <b>11</b> <b>35</b>
6. CITY, TOWN OR LOCATION OF DEATH <b>E. Chicago</b>		7. HOSPITAL OR OTHER INSTITUTION—Name of inst. or other, give street and number <b>E. Chicago Rehabilitation Center</b>	8. DATE OF BIRTH (Mo., Day, Yr.) <b>June 14, 1915</b>
9. STATE OF BIRTH (If born in U.S.A. name of state) <b>Indiana</b>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Mary Foster</b>
12. SOCIAL SECURITY NUMBER <b>307-09-6078</b>		13. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <b>Carpenter</b>	14. KIND OF BUSINESS OR INDUSTRY <b>Carpenters Local</b>
15. RESIDENCE—STATE <b>Indiana</b>		16. CITY, TOWN OR LOCATION <b>E. Chicago</b>	
17. STREET AND NUMBER <b>5429 White Oak</b>		18. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. FATHER—NAME <b>Dennis Gorka</b>		21. MOTHER—MAIDEN NAME <b>Mary Hosinski</b>	
22. INFORMANT—NAME (Full or given) <b>Mary Gorka</b>		23. RELATIONSHIP <b>WIFE</b>	
24. MAILING ADDRESS <b>5429 White Oak East Chicago IN.</b>		25. LOCATION <b>Notre Dame, Ind.</b>	
26. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		27. CEMETERY OR CREMATORY—FUNERAL HOME <b>Cedar Grove Cemetery</b>	
28. DATE (MONTH, DAY, YEAR) <b>Feb. 13, 1985</b>		29. FUNERAL HOME—NAME AND ADDRESS <b>Kaniewski &amp; Son Funeral Home So. Bend, In. 46628</b>	
30. SIGNATURE OF PHYSICIAN <i>[Signature]</i>		31. DATE SIGNED (Mo., Day, Yr.) <b>2-11-85</b>	32. HOUR OF DEATH <b>9:10 PM</b>
33. HEALTH OFFICER—SIGNATURE <b>E. A. Campagnaro M.D.</b>		34. DATE RECEIVED BY LOCAL HEALTH OFFICER <b>2-13-85</b>	
35. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE READING FOR ICD-9 AND ICD-10) <b>Cardiomyopathy acute</b>			
36. CHRONIC CAUSE (STATE UNDERLYING CAUSE LAST) <b>Chronic pul. obstructive disease &amp; emphysema</b>			
37. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I <b>Arteriosclerotic heart disease, Senescence, Seizure disorder with recent CVA</b>			
38. AUTOPSY (Specify Part or No.) <b>No</b>			39. _____

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

Send back to Beckman, Kelly + Smith - 5920 Hohman Ave. Hammond, In. 46320

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PETER BENJAMIN  
 LAKE COUNTY AUDITOR

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