



ATTENTION ESTATE: Disclosure of the fact that we need to pursue our responsibilities voluntarily and there will be no penalty for refusal.

12 cc's

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2162-94

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 (JOANN J. ZACK), SOCIAL SECURITY NUMBER (305-20-0703), DATE OF BIRTH (NOV 6, 1924), PLACE OF DEATH (LAKE STATION), FATHER'S NAME (JOHN KONDRA), MOTHER'S NAME (STEPHANIE GORLWSKI), INFORMANT'S NAME (NICHOLAS ZACK), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (SEP 12, 1994, CALVARY CEMETERY), IMMEDIATE CAUSE (Congestive heart failure), and SIGNATURE OF CERTIFIER (Alexander S. Williams, M.D.).

DECEASED

PARENTS

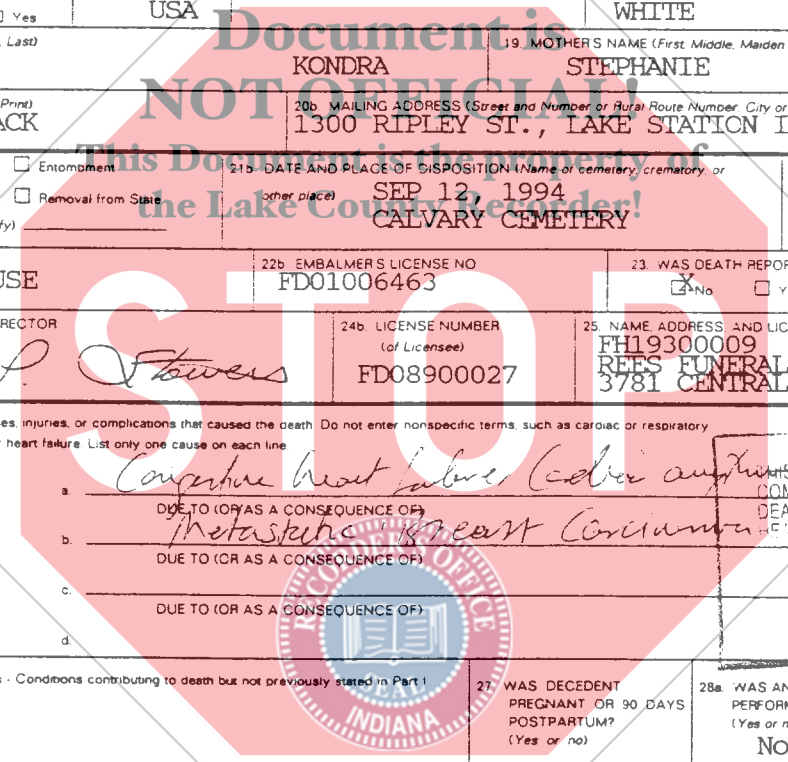
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED NOV 14 2002