

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

INDIANA STATE BOARD OF HEALTH  
2008 045342  
CERTIFICATE OF DEATH

2008 JUN 20 91-013019  
State No. ....

MICHAEL A. BROWN

Local No. 4

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

CORONER  
USE ONLY

1 DECEASED—NAME (Last, First, Middle Initial) <b>JOSEPH M. ZYCH</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>3:45 P.</b>	3b DATE OF DEATH <b>JANUARY 7, 1991</b>
4 SOCIAL SECURITY NUMBER <b>316 10 1588</b>	5a AGE—LAST BIRTHDAY (Years) <b>76</b>	5b UNDER 1 YEAR MOTHER'S Name 5c UNDER 1 YEAR FATHER'S Name	6 DATE OF BIRTH (Mo, Day, Yr) <b>MARCH 18, 1914</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO HEIGHTS, IL.</b>
8a WAS UNEMPLOYED A US VETERAN?	8b YEAR LAST SERVED BY US ARMED FORCES?	9a PLACE OF DEATH (City and State or Foreign Country) <b>EAST CHICAGO</b>		
10 FACILITY NAME (If not institution give street and number) <b>4927 WHITEOAK AVE.</b>		11 CITY/TOWN OR LOCATION OF DEATH <b>EAST CHICAGO</b>	12 COUNTY OF DEATH <b>LAKE</b>	
13 MARRIAGE STATUS (Specify) <b>MARRIED</b>	14 MARRIAGE SPOUSE (Specify) <b>MARY OWSIAK</b>	15 DECEASED'S USUAL OCCUPATION (Give kind of work and terms used or activity during the 12 months before)	16 KIND OF BUSINESS/INDUSTRY <b>INLAND STEEL</b>	
17a RESIDENCE—STATE <b>INDIANA</b>	17b COUNTY <b>LAKE</b>	17c CITY/TOWN OR LOCATION <b>EAST CHICAGO</b>	17d STREET AND NUMBER <b>4927 WHITEOAK AVE.</b>	
18 ZIP CODE <b>46312</b>	19 INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	21 WAS PRECEDENT OF MARRIAGE OBSERVED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	22 RACE (Specify) <b>WHITE</b>
23 DECEASED'S EDUCATION (Specify only highest grade completed) <b>12 YRS.</b>		24 FATHER'S NAME (Last, First, Middle Initial) <b>ANTHONY ZYCH</b>		
25 MOTHER'S NAME (Last, First, Middle Initial) <b>MARY CZYZOWICZ</b>		26 INFORMANT'S NAME (Type Print) <b>MARY ZYCH</b>		
27 MAILING ADDRESS (Street and Number or P.O. Box Number, City or Town, State, Zip Code) <b>4927 WHITEOAK AVE., E. CHICAGO, IN 46312</b>		28 Relationship <b>wife</b>		
29a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		29b DATE AND PLACE OF DISPOSITION (Name of cemetery, community or other place) <b>JANUARY 10, 1991 CHAPEL LAWN MEMORIAL GARDENS, SCHREVERVILLE, IN</b>		29c LOCATION—City or Town, State
30a EMPLOYER'S NAME <b>HENRY BLAKE</b>		30b EMPLOYER'S LICENSE NO. <b>01019406</b>	30c WAS DEATH REPORTED TO EMPLOYER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31a SIGNATURE OF FUNERAL DIRECTOR <i>Michael Wispick</i>		31b LICENSE NUMBER <b>2005999</b>	31c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>MYSTERY FUNERAL HOME 4902 BRADING EAST CHICAGO, IN. 46312</b>	
32 PART I IMMEDIATE CAUSE OF DEATH (Leading or direct) <b>Hx of HTN</b> DUE TO HTN AS A CONSEQUENCE OF DUE TO HTN AS A CONSEQUENCE OF DUE TO HTN AS A CONSEQUENCE OF				
33 PART II OTHER SIGNIFICANT CAUSES Conditions only during the period of illness or events leading to death 34a HAD DECISION BEEN MADE TO DISCONTINUE LIFE-SUPPORT? <b>NO</b>				
35a WAS AN ANATOMY PERFORMED? <b>NO</b>				
36a HAD POSTMORTEM FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <b>NO</b>				
37a CERTIFIER (Print only) <input checked="" type="checkbox"/> PHYSICIAN (Specify) <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> OTHER				
38 SIGNATURE AND TITLE OF CERTIFIER <i>D. B. Jankins MD</i>		39 MEDICAL LICENSE NO. <b>010136616</b>	40 DATE SIGNED (Month, Day, Year) <b>1-9-91</b>	
41 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type Print) <b>DR. D. B. JANKINS, 2450 169th, HAMMOND, INDIANA 46323</b>				
42 HEALTH OFFICER'S SIGNATURE <i>John R. ...</i>				43 DATE FILED (Month, Day, Year) <b>1-9-91</b>
44 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Convicted Determined <input type="checkbox"/> Homicide		45a DATE OF INJURY (Month, Day, Year)	45b TIME OF INJURY	45c INJURY AT WORK? (Yes/No)
46a PLACE OF INJURY—Address (City, State, County, Zip) (Specify)		46b LOCATION—Street and Number or P.O. Box Number, City or Town, State		
47a DATE PRONOUNCED DEAD (Month, Day, Year)		47b MOTOR VEHICLE ACCIDENT? (Yes or No) If Yes, Specify driver, passenger, pedestrian, etc.		



**STOP**

**FILED**

**JUN 20 2008**

**PEGGY HOLINGA KATONA**  
LAKE COUNTY AUDITOR

CRASH  
P.B.