

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

Local No. 22

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Key # 45-07-28-251-001,000-026

State No.

EMBALMER'S NAME John B. Lesniak LICENSE No. 549
 FUNERAL DIRECTOR'S SIGNATURE John B. Lesniak FUNERAL DIRECTOR'S LICENSE No. 461
 FUNERAL HOME No. 160

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|---|--|---|--|---|--|---|--|
| 1 DECEASED NAME Antoni (Anthony) Czerny | | LAST | | SEX Male | | DATE OF DEATH (MONTH-DAY-YEAR) January 15, 1985 | |
| 2 RACE White | | AGE 58 | | DATE OF BIRTH (MONTH-DAY-YEAR) Aug. 10, 1926 | | COUNTY OF DEATH Lake | |
| 3 CITY/TOWN OR LOCATION OF DEATH Poland | | CITIZEN OF WHAT COUNTRY U.S.A. | | MARRIED NEVER MARRIED Never Married | | SURVIVING SPOUSE Joanna (Skotnicki) | |
| 4 SOCIAL SECURITY NUMBER 317-32-3228 | | RESIDENCE - STATE Indiana | | CITY/TOWN OR LOCATION Highland | | KIND OF BUSINESS OR INDUSTRY Blaw-Knox Co. | |
| 5 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 9113 Kennedy Avenue | | IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY WHERE BORN (SPANISH, PORTUGUESE, ETC.) NO | | IS RESIDENCE ON A FARM? NO | | INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes | |
| 6 FATHER NAME Maciej Czerny | | MOTHER Czerny | | MOTHER - MAIDEN NAME Maria | | MIDDLE Rot | |
| 7 INFORMANT NAME (Type in print) Joanna Czerny (Wife) | | RELATIONSHIP Wife | | MAILING ADDRESS (SHEET OR P.D. NO.) 9113 Kennedy Avenue, Highland, Indiana | | STATE Indiana | |
| 8 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial | | CEMETERY OR CREMATORY St. John Cemetery | | FUNERAL HOME - NAME AND ADDRESS Hammond, Indiana | | CITY OR TOWN Hammond, Indiana | |
| 9 DATE (MONTH-DAY-YEAR) January 18, 1985 | | UNEPHAL HOME - NAME AND ADDRESS Lesniak F.H. | | SHEET OR P.D. NO. CITY OR TOWN STATE ZIP 4918 Magoun Ave., East Chicago, Ind. | | CITY OR TOWN STATE East Chicago, Ind. | |
| 10 NAME OF ATTENDING PHYSICIAN (Type in print) John F. Nickerson M.D. | | DATE SIGNED (MO. DAY 'YY) 15 Jan 85 | | HOUR OF DEATH 8:20 AM | | 21c | |
| 11 MAILING ADDRESS - PHYSICIAN 4320 FIR #220 EAST CHICAGO INDIANA 46312 | | HEALTH OFFICER - SIGNATURE <i>E.A. Cannon</i> | | DATE RECEIVED BY LOCAL HEALTH OFFICER 1-22-85 | | 22b | |
| 12 PART I (a) CAUSE OF DEATH CANCER OF COLON WITH METASTASIS | | PART II (b) OTHER SIGNIFICANT FINDINGS (Conditions also found in part I but not reported by state given in part I) None | | INTERVAL BETWEEN ORAL AND DEATH 1-22-85 | | INTERVAL BETWEEN ORAL AND DEATH | |

SBH 06-003 State Form 35430 REV 10/77

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

015189

SEP 19 2000

CONDITIONS IF ANY WHICH GAVE RISE TO THIS CAUSE OF DEATH UNDERlying CAUSE (LAST CAUSE FIRST)

CAUSE

PART II

OTHER SIGNIFICANT FINDINGS

CONDITIONS IF ANY WHICH GAVE RISE TO THIS CAUSE OF DEATH UNDERlying CAUSE (LAST CAUSE FIRST)

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