

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

773-16 45-07-35-301-001.000.000

	al No			T. de Mattie Conti	W.F. (1)			St	ate No		0/5 1/4/ 1/5 1/	
1. Decedent's Legal Name (Fir				1a. Maiden Last Na	ame (If Female)	1	2. Sex		e Of Death 40 AM		Of Death (Month/Day/Year)  CH 11, 2010	
5. Social Security Number	6a. Age – Yrs	6b. Under 1 Year	6c, Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour		lirth (Month/Da	ſ		1	Or Foreign Country)	
306-34-5483	74	Months	Days	Hours	Minutes	AUGUS	Г9, 1	1935	EAST CH	HICAC	GO, INDIANA	
9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital:					10a. If Death Occurred Somewhere Other Than A Hospital:							
Yes X No Unknown   11. Facility Name (If Not Institu			partment Outpatient	Dead On Arrival	Hospice Facility	Decedent's Home	e 🎦 Nursing	Home/Long-	Ferm Care Facility	Other (S	pecify)	
REGENCY PI		id reambery										
12. City Or Town, State, And 2					13. County C	of Death			14. Marital Status	Time Of	Death	
DYER, INDIANA 46311				LAKE				Married			. –	
15. Surviving Spouse's Name 15a. (If Wife)Gi				ive Maiden Last Name	e Maiden Last Name 16. Decedent's Usual Occupation				☐ Widowed ☐ Mover Married ☐ Unknown  17. Kind Of Business/Industry			
AGNES M. CSONKA LACH				SHEET METAL WORKER			ER	INLAND STEEL CO.				
18. Residence – State 18a. County				18b. City Or Town				(ala)				
INDIANA			LAKE		GRIFFI'	TH			نجينون <i>وندي</i> نو	Ph.		
18c. Street And Number							18d. /	Apt. No.	18e. Zip C	Sode	18f. Inside City Limits?	
408 NORTH	WOODLAW	N AVENUE							4631	3	<b>M</b> Yes □ No	
19. Decedent's Education			20. Decedent Of Hispar	nic Origin	21. 0	Decedent's Race						
HIGH SCHOO		JATE	NO		1	WHITE						
22. Father's Name (First, Midd	lle, Last)				23. Mother's Name (I	First, Middle, Last)			23a. I	Mother's W	laiden Last Name	
LOUIS CSONKA SR.					LOTTIE CSONKA  24b. Mailing Address (Street And Number, City, State, Zip Code)					KIELTYKA		
AGNES M. (	TCONIK A		24a. Relationship 1		408 N. W				гттн ті	V 463	319	
AGNES M. C	JOUNKA		310031		lace Of Disposition	OODLAWIN	WAR.	GILLE	ETIII,	<b>3</b> 40.		
25a. Method Of Disposition.		25b. Place	Of Disposition (Name Of			25c. Location -	City, Town, Ar	nd State	2. 2	ego f	And Property Control of the Control	
☐ Burial ☐ Cremation ☐ D ☐ Removal From State	onation   Entomb	oment CHAP	EL LAWN MI	EMORIAL (	GARDENS	SCHE	RERVI	LLE,	INDIANĀ			
Other (Specify): 26. Was Coroner Contacted?	1 27 8	Ioma And Complete As	This Do	cumen	t is the r	roner	tv_o	£ \	97. 6	27a. Fu	neral Home,License Number:	
	27. 1	lame And Complete A	adress Of Funteral Facility	SOLAN	PRUZIN FU	INFRAT. H	OME		Sant C.	Zia. cu	ijetamonte, Licerise Number.	
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Yes X No	eral Service Licens	14 KEN	NEDY AVE.	SCHERER	VILLE, IN	4637 <b>5</b> e	r!			FH.	1 <del>0</del> 200037	
27b/ Signature Of Indiana Fun	eral Service Licens	14 KEN	NEDY AVE.	SCHERER	VILLE, IN	4637 <b>5</b> e	r!	nse Number (	O(Licensee):	FH.	And the state of t	
	eral Service Licens	14 KEN	NEDY AVE.	SCHERER	VILLE, IN	46375e	r!	nse Number (	Olipensee):	FH.	7 23 23	
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