## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1916 - LOC	al No 002	<u> </u>			<u> </u>	<u>აა</u>		tate No (	<u> </u>	U 1 2-1-04	Death (Month/Day/Year)
Decedent's Legal Name (	First, Middle, Last)			1a. Maiden Nar	ne (If female)		2. Sex	3. Time Of I	Jeath	4, Date Of	Death (Month Day/rear)
ROSE NAGY IVAN	IICH			NAGY			FEMALE	08:05	AM		8/08/2011
Social Security Number		6b. Under 1 Y	ear 6c. Under 1		6e. Under 1 Hour	7. Date	of Birth (Month/Day/	Year) 8. Birt	hplace (City	and State or	Foreign Country)
040 44 7440	00	Months	Days	Hours	Minutes		11/15/1920	FAS	ST CHIC	AGO IN	
310-14-7412 9. Ever in U.S. Armed Force	90 s2 10 lf Dea	Months th Occurred In A		Tiodis	10a. If Death Occur	red Some			<u> </u>	7 ( Cappening 17 )	
9. Ever in o.b. Aimed Force			•		☐ Hospice Facility	☐ De	ecedent's Home	Nursing Hon	ne/Long-term	Care Facility	'
☐ Yes ☑ No ☐ Unkn	·		ncy Department Out	patient Dead on Arriva	Other (Specify)						
11. Facility Name (If Not Ins		et and Number)									
12. City Or Town, State, And					13. County O	f Death				us At Time O	
12. 31, 51 (41)					1			×	Married  Widowed	Married, But	Separated Divorced Married Unknown
MUNSTER, IN, 463					LAKE		16. Decedent's Us		·		f Business/Industry
15. Surviving Spouse's Nam	ie			15a. (If Wife)Give Maide	en Last Name		io. Decedents us	uai Occupation		Action C	Dudinious
FRANK IVANICH S	2P						CLERK			RAILRO	AD
18. Residence - State	, , , , , , , , , , , , , , , , , , ,		18a. County		18b. City Or Tow						<del></del> -
INIDIANIA			AVE		MUNSTER						
18c. Street And Number			AKE		INIONOTER		18d.	Apt. No.	18e. Zip (	Code	18f. Inside City Limits?
100. 00.000.											Yes □ No
8428 BEECH									463	<u>321 👡 l</u>	
19. Decedent's Education		D CED	20. Decedent Of	Hispanic Origin	21. 0	ecedent's	Race		S		<b>T1</b> (7)
HIGH SCHOOL GF COMPLETED	KADUATEC	IK GED	NOT HISPA	ANIC	White				Agran 3	700	Tr-T
22. Father's Name (First, Mic	idie, Last)				23. Mother's Name (F	First, Midd	fle, Last)		23a. N	Nother Maide	en LastiName
					MADCADET	UACY	4	,	TOMA	VAIL <del>A</del> BL	
24, Informant's Name			24a. Relation	nship To Decedent	MARGARET 1 24b. Mailing Address	(Street A	And Number, City, St	ate, Zip Code)		· / ((L/\DL	9.57
			1						3	II.s»	Jez-
FRANK IVANICH	SR		HUSBAN	~~~~~~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	8428 BEECH, ace Of Disposition	MON	51ER, IN 403	21	market 2		T T Land
25a. Method Of Disposition		25b	o. Place Of Dispositi	ion (Name Of Cemetery, C		25c. L	ocation - City, Town,	And State		decreases.	
Burial ☐ Cremation ☐	Donation 🔲 Er	tombment		Docu	ımeni	118			MAN	Ö	3 5
Removal From State		C /	ALVARY -CE	METEDY		POR	TAGE_IN		d'ann	8	Country of the Countr
Other (Specify): 26. Was Coroner Contacted	27.		nplete Address Of F		RRIC					27a. Fune	ral Home License Number:
	1			010						E114000	2004
Yes 🛭 No			ERAL HOM	E, 9039 KLEINMA	N ROAD, HIGH	ILANL	), IN 46322	nse Number (O	If Licensee):	FH1030	00021
27b. Signature Of Indiana F LEONARD GREGO											
ELOIWITE CITEOR	75C2/ 15C . C	Y ELECTE	RONIC SIGN	ATURE 1	D		FD088				
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28. Part I. Enter The Chr.			UII	Cause Of Death (Se			FD088		, Eldandooj.		Approximate Interval: Onset To Death
28. Part I. Enter The <u>Chr</u> Such As Cardiac Arrest, A Line. Add Additinal Lir	ain Of Events - D Respiratory Arre	Diseases, Injurie st, Or Ventricul	UII	Cause Of Death (Se			FD088		1001000		Interval: Onset To Death
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.