

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office

- A _____
- B _____
- C _____
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772131

Local No. 1669-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

452

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

646

LICENSE No.

James J. Krause

EMBALMER'S NAME

1984 FUNERAL DIRECTOR'S
LICENSE No. 2012

SEP 6 1984

FUNERAL DIRECTOR'S
SIGNATURE

1984 FUNERAL HOME
LICENSE No.

SEP 6 1984

FUNERAL HOME
SIGNATURE

1 DECEASED - NAME FIRST MIDDLE LAST FRANK F. ESTANOVICH			2 SEX Male	3 DATE OF DEATH (MONTH DAY YEAR) August 30, 1984	
4 RACE White	5a AGE 62	5b UNDER 1 YEAR 5c UNDER 1 DAY		6 DATE OF BIRTH (MONTH DAY YEAR) June 14, 1922	
7a CITY, TOWN OR LOCATION OF DEATH Hobart			7c HOSPITAL OR OTHER INSTITUTION St. Mary's Medical Center		7d IF HOSP. OR INST. EMERGENCY RM. Emergency Rm.
8 STATE OF BIRTH IN	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED NEVER MARRIED WIDOWED DIVORCED Married	11 SURVIVING SPOUSE (If wife give maiden name) Ann M. Farkas		12 WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes
13 SOCIAL SECURITY NUMBER 311-18-9821			14a USUAL OCCUPATION Chipper		14b KIND OF BUSINESS OR INDUSTRY U.S. Steel Corp. - Billet Mill
15a RESIDENCE - STATE IN		15b COUNTY Lake	15c CITY, TOWN OR LOCATION Hobart		
15d STREET AND NUMBER 24 Beverly Boulevard			15e IS RESIDENCE ON A FARM? NO <input checked="" type="checkbox"/>		15f INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO <input checked="" type="checkbox"/>					
17 FATHER - NAME Mike Stefanovich, (dec.)			18 MOTHER - MAIDEN NAME Mary Muzovich, (dec.)		
19a INFORMANT - NAME Ann M. Estanovich, Wife		19b RELATIONSHIP Wife		19c MAILING ADDRESS 24 Beverly Boulevard, Hobart, Indiana 46342	
20a BURIAL, CREMATION, REMOVAL, OTHER Burial		20b CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery		20c LOCATION Merrillville, Indiana	
21a DATE September 1, 1984		21b FUNERAL HOME - NAME AND ADDRESS Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN		21c STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 46342-4198	
22a NAME OF ATTENDING PHYSICIAN (Type M.D. or D.O.) John O. Carter, M.D.			22b DATE SIGNED (Mo. Day Year) SEP 12 9 57 AM '84		22c HOUR OF DEATH 9:57 AM
23a HEALTH OFFICER'S SIGNATURE [Signature]			23b DATE RECEIVED BY LOCAL HEALTH OFFICER 9-6-84		
24 PART I - IMMEDIATE CAUSE (a) <u>Cardiopulmonary arrest</u> (b) <u>Emphysema</u> (c) _____			24b INTERVAL BETWEEN ONSET AND DEATH minutes 1 P.M.		
25 PART II - OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) _____			25b AUTOPSY (Specify Yes or No) No		

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