974736

PORTER COUNTY BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: FIRST Tony, MIDDLE T., LAST Taneff
2. SEX: Male
3. DATE OF DEATH (Mo. Day, Yr.): March 21, 1988
4. SOCIAL SECURITY NUMBER: 317-16-6390
5a. AGE—Last Birthday (Years): 63
5b. UNDER 1 YEAR: Months, Days
5c. UNDER 1 DAY: Hours, Minutes
6. DATE OF BIRTH (Month, Day, Year): 12-21-1924
7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8. YEAR LAST SERVED IN US ARMED FORCES?: 1943
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☒ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): 192 Goodview Drive
9c. CITY, TOWN, OR LOCATION OF DEATH: Valparaiso
9d. COUNTY OF DEATH: Porter
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Irene Taneff
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Meat Cutter
12b. KIND OF BUSINESS/INDUSTRY: A & P Store
13a. RESIDENCE—STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Crown Point,
13d. STREET AND NUMBER: 9813 Pierce
13e. INSIDE CITY LIMITS? (Yes or no): YES
13f. FARM: NO
13g. ZIP CODE: 46307
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify:
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): Vasil Taneff
18. MOTHER'S NAME (First, Middle, Maiden Surname): Blaguna N/A

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Irene Taneff
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9813 Pierce, Crown Point, IN 46307
19c. Relationship: Wife

DISPOSITION

20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 24, 1988 Ridgelawn Cemetery
20c. LOCATION—City or Town, State: Gary, Indiana
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert Wiatrolik
21b. LICENSE NUMBER (of Licensee): FDE1001293
22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Stilinovich & Wiatrolik-FDH3004455. 7535 Taft St. Merrillville, IN

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title
23b. LICENSE NUMBER
23c. DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH
24. TIME OF DEATH: M
25. DATE PRONOUNCED DEAD (Month, Day, Year)
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)

CAUSE OF DEATH (SEE INSTRUCTIONS)

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Gastric Carcinoma
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
Approximate Interval Between Onset and Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

FILED
APR 28 1988
Anna N. Antonas
AUDITOR LAKE COUNTY

FILED FOR RECORD
APR 28 10 34 AM '88
WILLIAM A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307

CERTIFIER (SEE INSTRUCTIONS)

29a. CERTIFIER (Check only one)
☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER: Robert L. Wolf MD
29c. LICENSE NUMBER: 01022391
29d. DATE SIGNED (Month, Day, Year): 3/21/88
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): Dr. Wolf, 8585 Broadway, Merrillville, Indiana 46410

HEALTH OFFICER

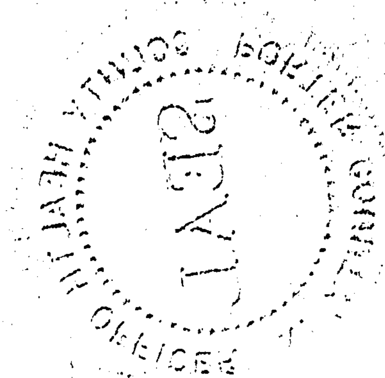
31. HEALTH OFFICER'S SIGNATURE: [signature], MD
32. DATE FILED (Month, Day, Year): March 22, 1988

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Indian Ridge #2 Rt66 #23-142-66

1546



Nº 036746

PORTER COUNTY HEALTH DEPT.
VALPARAISO, INDIANA
THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL RECORD.

Gary A. Babcoke, MD
HEALTH OFFICER