

91017838

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Lincoln Parkway S.b L24
+ E. 12 1/2 St. Lot 23
Key # 27-221-24. unit #16
State No.

Local No. ... 067991

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER
USE ONLY

1 DECEASED—NAME (First Middle Last) Steve Tuskan		2 SEX Male	3a TIME OF DEATH 5:05 P M	3b DATE OF DEATH (Month Day Yr) March 27, 1991	
4 SOCIAL SECURITY NUMBER 313-01-5698	5a AGE—Last Birthday (Years) 78	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Feb. 26, 1913	
7 BIRTHPLACE (City and State or Foreign Country) Luxor, Pennsylvania					
8a WAS DECEDENT A US VETERAN? Yes	8b YEAR LAST SERVED IN US ARMED FORCES? 1945	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER, Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 2909 38th Street		9c CITY TOWN OR LOCATION OF DEATH Highland	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Eva Lepesich	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Stillman	12b KIND OF BUSINESS/INDUSTRY Amoco Oil		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Highland	13d STREET AND NUMBER 2909 38th Street		
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc)	16 RACE—American Indian, Black, White, etc (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) _____		18 FATHER'S NAME (First Middle Last) Thomas Tuskan			
19 MOTHER'S NAME (First Middle Maiden Surname) Sophie Cegur		20a INFORMANT'S NAME (Type/Print) Eva Tuskan			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2909 38th Street, Highland, IN 46322		20c Relationship Wife			
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 30, 1991 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana	
22a EMBALMER'S NAME Steven J. Struck		22b EMBALMER'S LICENSE NO. FDO 8600181	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Steven J. Struck</i>		24b LICENSE NUMBER (of Licensee) FDO 1006015	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral & Gargens, Inc. 2828 Highway Avenue Highland, Indiana 46322 FH05003035		
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter non-specific terms such as "old age" or "natural causes." Do not enter "death on file with the Lake County Health Dept." List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF) Ischemic Heart Disease CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST MAR 28 1991					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT, OR 90 DAYS POSTPARTUM HEALTH (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) -----	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> 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) as stated <input type="checkbox"/> CORONER 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 <i>Juan Tan</i>		29c MEDICAL LICENSE NO. IN 26494	29d DATE SIGNED (Month, Day, Year) March 28, 1991		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Juan Tan, M.D. 9038 Columbia Avenue Munster, Indiana 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, Jr.</i>				32. DATE FILED (Month, Day, Year) MAR 28 '91	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED APR 16 1991
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)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, bicyclist, etc LAKE COUNTY			

