13+2

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 782-89 State No. ....

92019539

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEDENT—NAME (First, Middle, Last)	ROBERT JOSEPH DANKO
2 SEX	Male
3 DATE OF DEATH (Mo Day Yr)	April 6, 1989
4 SOCIAL SECURITY NUMBER	314-24-0968
5a AGE—Last Birthday (Years)	59
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Month Day Year)	Aug. 13, 1929
7 BIRTHPLACE (City and State or Foreign Country)	Gary, Indiana
8 YEAR LAST SERVED IN US ARMED FORCES?	1952
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)	Methodist Hospital-Southlake Campus
9c CITY, TOWN OR LOCATION OF DEATH	Merrillville
9d COUNTY OF DEATH	Lake
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	Married
11 SURVIVING SPOUSE (If wife, give maiden name)	Helen J. Elrod
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Printer
12b KIND OF BUSINESS/INDUSTRY	Gary Printing Company
13a RESIDENCE—STATE	Indiana
13b COUNTY	Lake
13c CITY, TOWN OR LOCATION	Merrillville
13d STREET AND NUMBER	1720 West 63rd Avenue
13e INSIDE CITY LIMITS? (Yes or no)	Yes
13f FARM	No
13g ZIP CODE	46410
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) / College (1-4 or 5+)	12

PARENTS

Field	Entry
17 FATHER'S NAME (First, Middle, Last)	John B. Danko
18 MOTHER'S NAME (First, Middle, Maiden Surname)	Helen Spotilla

INFORMANT

Field	Entry
19a INFORMANT'S NAME (Type/Print)	Helen J. Danko
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1720 W. 63rd Ave., Merrillville, IN 46410
19c Relationship	wife

DISPOSITION

Field	Entry
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)	April 8, 1989 Calumet Park Cemetery
20c LOCATION—City or Town, State	Merrillville, Indiana
21a SIGNATURE OF FUNERAL DIRECTOR	[signature]
21b LICENSE NUMBER (of Licensee)	1009893
22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	BRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

Field	Entry
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

Field	Entry
24 TIME OF DEATH	2:24 am
25 DATE PRONOUNCED DEAD (Month, Day, Year)	April 6, 1989
26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)	Yes

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Pneumonia
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

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): Yes
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): NO

FILED APR 1 1992
[signature] AUDITOR LAKE COUNTY

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
[signature]
LAKE COUNTY HEALTH COMMISSIONER

RECEIVED FOR RECORD ... '92 APR 1 ... 10 44 AM

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.

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	Roberto Valenzuela MD [signature]
29c LICENSE NUMBER	01020 5848
29d DATE SIGNED (Month, Day, Year)	4/6/89
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)	Roberto Valenzuela, M.D., 5490 Broadway, Merrillville, Indiana 46410 (219) 887-3011

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	[signature]
32 DATE FILED (Month, Day, Year)	April 6, 1989

CORONER OR MEDICAL EXAMINER USE ONLY

Field	Entry
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)	

600

00631

Margin (handwritten): J.S. Stellato 2nd add L 2 & 3 47-127-373 Meadows Bond L49 15-181-7

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

SBH06-004 State Form 10110 (R/10-87) DEATH A/PD 1