

CERTIFICATION OF VITAL RECORD

92022134

STATE OF ARIZONA  
Certified Copy of Vital Record

R-62960  
4169

ORIGINAL STATE COPY		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION CERTIFICATE OF DEATH				DATE OF DEATH 07028 = 0118126	
NAME OF DECEASED 11 <u>Boudis J. Zidanik</u>		SEX 2 <u>Male</u>		DATE OF BIRTH 3 <u>December 31 1978</u>			
RACE (Specify white, black, American Indian, etc.) 4A <u>White</u>		WAS DECEASED OF SPANISH ORIGIN (YES NO) SPECIFY B <u>NO</u>		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 6 <u>No</u>	
PLACE OF DEATH D <u>Maricopa</u>		CITY E <u>Phoenix</u>		C. HOSPITAL OR INSTITUTION 7 <u>Phoenix General</u>		D. <input type="checkbox"/> OCA OP LEMER PATIENT	
DATE OF BIRTH 7 <u>Aug. 10 1894</u>		AGE (YEARS LAST BIRTHDAY) MOS. DAYS HRS. MIN. 8A <u>84</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9 <u>Married</u>		SURVIVING SPOUSE 10 <u>Agnes B. Rasitovski</u>	
STATE OF BIRTH (If not in USA, name country) 11 <u>Yugoslavia</u>		CITIZEN OF WHAT COUNTRY? 12 <u>USA</u>		SOCIAL SECURITY NO. 13 <u>306 03 5197</u>		USUAL OCCUPATION (Own kind of work done most of working life, even if retired) 14A <u>Operator</u>	
USUAL RESIDENCE 15 <u>Indiana</u>		CITY 16 <u>Lake</u>		C. TOWN/CITY 17 <u>Schererville</u>		D. ZIP CODE 18 <u>46375</u>	
STREET ADDRESS OR P.O. BOX 19 <u>910 Kennedy Avenue</u>		INSIDE CITY LIMITS (Specify Yes or No) 21 <u>yes</u>		OR RESERVATION (Specify Yes or No) 22 <u>no</u>		PREVIOUS STATE OF RESIDENCE 17 <u>Indiana</u>	
FATHER'S NAME 18 <u>Jake</u>		MOTHER'S NAME 19 <u>Zidanik</u>		MARRIAGE MADE IN STATE 20 <u>Unknown</u>		C. LAST	
INFORMANT'S SIGNATURE 20 <u>Agnes B. Zidanik</u>		RELATIONSHIP TO DECEASED 21 <u>Wife</u>		ADDRESS 22 <u>910 Kennedy Ave., Schererville, Ind.</u>		CITY AND STATE 23 <u>46375 Ind.</u>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24 <u>Removal</u>		DATE 25 <u>12-4-78</u>		CEMETERY OR CREMATORIUM NAME 26 <u>Hessville, Indiana</u>		EMERALD'S SIGNATURE 27 <u>[Signature]</u>	
28 <u>Northwest Mortuary, 4033 N. 19th Av., Phx., Az.</u>		29 <u>[Signature]</u>		30 <u>204</u>		31 <u>1106</u>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE AND TITLE 31 <u>[Signature]</u>		DATE SIGNED (Mo., Day, Year) 32 <u>December 3, 1978</u>		HOUR OF DEATH 33 <u>7:55 AM</u>	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or print) 40 <u>Dr. Gary Mort, 2020 West Indian School Rd., Phoenix, Arizona</u>		DATE REGISTERED 41 <u>DEC 4 1978</u>		REG. DISTRICT 42 <u>10259</u>		DATE RECD IN STATE OFFICE 43 <u>JAN 08 1979</u>	
PART I. IMMEDIATE CAUSE		A. IMMEDIATE CAUSE 34 <u>Cardiac arrest</u>		B. DUE TO, OR AS A CONSEQUENCE OF: 35 <u>Myocardial infarction</u>		C. DUE TO, OR AS A CONSEQUENCE OF: 36 <u>Arterio-sclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female was she pregnant within past 90 days?) 37		44 <u>No</u>		45 <u>No</u>		46 <u>No</u>	
MANNER OF DEATH 47 <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED		DATE OF INJURY 51 <u>52 M 53</u>		INJURY AT WORK? (Specify yes or no) 54		DESCRIBE HOW INJURY OCCURRED 55 <u>Auto</u>	
PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) SPECIFY. 56		WHERE LOCATED? 57 <u>Address</u>		CITY OR TOWN 58 <u>Phoenix</u>		STATE 59 <u>ARIZONA</u>	
SUPPLEMENTARY ENTRIES 60							

NOT OFFICIAL

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Key # 13 - 41 - 74  
Pt. NE 1/4 NW 1/4  
S. 9 T. 35 R. 9 10, 20, 8A

DATE ISSUED: JAN 12 1990  
This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-311, and by direction of:

TED WILLIAMS, Director  
Department of Health Services  
State Registrar

Renee Gaudino  
Assistant State Registrar



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