

Bcc + vet

93014017

INDIANA STATE BOARD OF HEALTH

Local No. 2-125-92

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

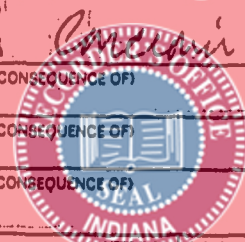
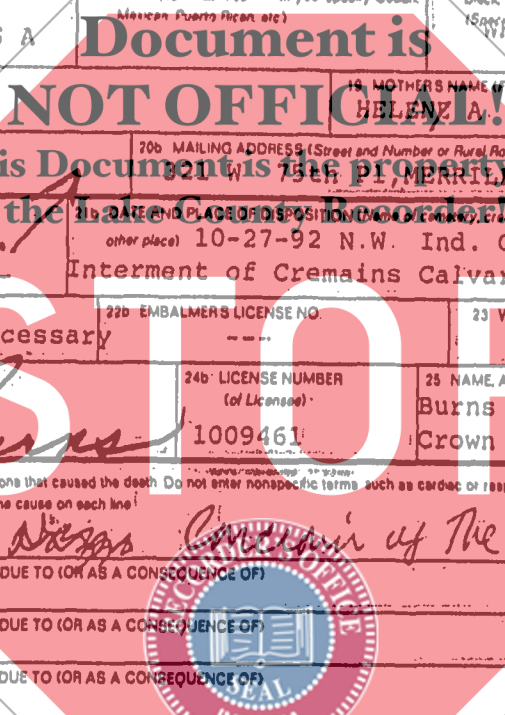
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) THEODORE SZYMANSKI		2 SEX MALE	3a TIME OF DEATH 4:55 AM	3b DATE OF DEATH (Month Day Yr) OCTOBER 25, 1992
4 SOCIAL SECURITY NUMBER 311-01-8912	5a AGE—Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) FEB. 27, 1918
7 BIRTHPLACE (City and State or Foreign Country) GARY, IND	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) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) ON N <input type="checkbox"/> Residence	
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 NEV MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) NONE	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) FOREMAN RAIL MILL		12b KIND OF BUSINESS/INDUSTRY U.S. STERILIZATION WORKS
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION MERRILLVILLE	13d STREET AND NUMBER 1424 W. 55th AVENUE	
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A	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 WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (10-12) 12		17 College (1-4 or 5+)		
18 FATHER'S NAME (First Middle Last) JOSEPH J. SZYMANSKI		19 MOTHER'S NAME (First Middle Maiden Surname) HELENA A. BRODACKA		
20a INFORMANT'S NAME (Type/Print) ANN T GRADEN		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code) 321 W. 75th PI, MERRILLVILLE, IN 46410		20c Relationship SISTER
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b PLACE AND DATE OF DISPOSITION (Name of Cemetery, Crematory, or other place) 10-27-92 N.W. Ind. Cremation Serv. Crown Point IN Interment of Cremains Calvary Cemetery		21c LOCATION—City or Town, State Portage, IN
22a EMBALMERS NAME direct cremation not necessary		22b EMBALMERS LICENSE NO.	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR: <i>James T Burns</i>		24b LICENSE NUMBER (of Licensee) 1009461	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home, 10101 Broadway, Crown Point, In 46307 FDH83002445	
PART I. Enter the disease, illness, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. (List only one cause on each line) Complete copy of the certificate filed in the Lake County Health Department. Acute Myocardial Infarction (Mesothelioma) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last 10/27/1992				
PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I. Alexander D. Williams, MD		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (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) NO
29a. CERTIFIER (Check only one) <input 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>Nazgul</i>		
29c. MEDICAL LICENSE NO. 01028710		29d. DATE SIGNED (Month Day, Year) 10/26/92		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Dr N. Obaid, 8895 Broadway, Merrillville, IN				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, MD</i>				32. DATE FILED (Month Day, Year) October 27, 1992
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) MAR 3 1993	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) Auto for Lake County		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Auto for Lake County		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify motor vehicle, etc. Auto for Lake County		34i. 00238		



15-272-8 Meadowdale Subdiv. 4.8 Bl. 8
 75-1424 W. 55th Ave. Merr.

FILED IN THE OFFICE OF THE CLERK OF THE SUPERIOR COURT OF LAKE COUNTY, INDIANA
 OCTOBER 27 1992

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