

THIS IS A TRUE CERTIFICATION OF NAME AND DEATH FACTS AS RECORDED IN THIS OFFICE, ISSUED UNDER AUTHORITY OF RULE 54a, ARTICLE 4477, REVISED CIVIL STATUTES OF TEXAS. DO NOT ACCEPT IF DOCUMENT HAS BEEN ALTERED.

11-22-93  
DATE ISSUED:

*Doraldine Bockett*  
LOCAL REGISTRAR

RETURN TO:  
FIRST AMERICAN TITLE INS. CO.  
5285 COMMERCE DR., SUITE 1  
CROWN POINT, IN 46307

Dec 21 3 48 PM '93  
SAME REGISTERED

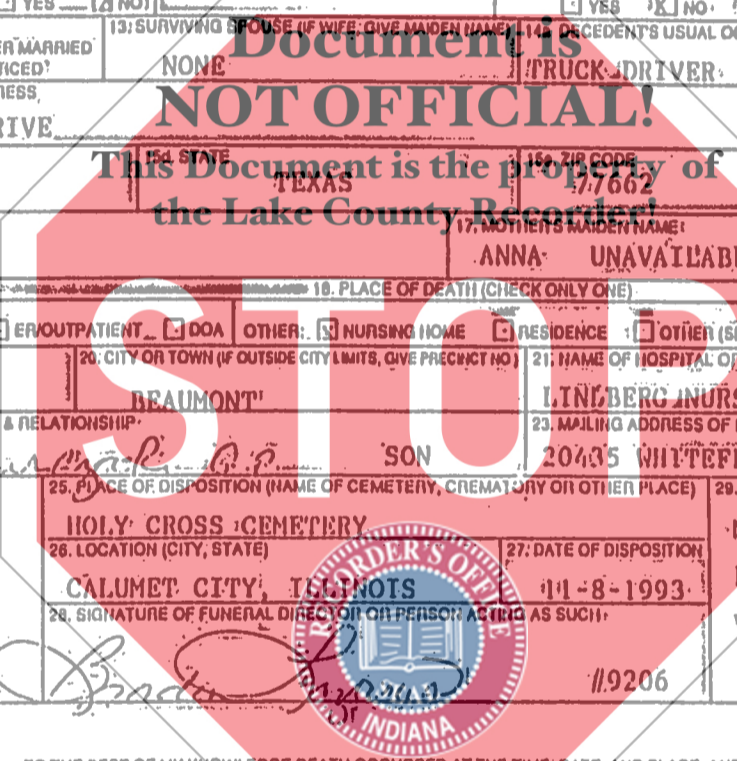
STATE OF INDIANA'S NO. LAKE COUNTY FILED FOR RECORD

Key # 14-58-22 & 23

Texas Department of Health - Bureau of Vital Statistics

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1. NAME OF DECEASED (a) FIRST, (b) MIDDLE, (c) LAST, (d) MAIDEN FRANK JURCZAK				2. SEX MALE	3. DATE OF DEATH NOVEMBER 1993
4. DATE OF BIRTH MAY 14, 1904	5. AGE (IN YEARS) 89	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) NEW YORK	7. SOCIAL SECURITY NO. 50581-3088		
8. RACE CAUCASIAN	9a. WAS THE DECEASED OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEASED EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED: ELEM OR SECONDARY (0-12) COLLEGE (13-16, 17+) 5	
12. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14. DECEASED'S USUAL OCCUPATION TRUCK DRIVER	14b. KIND OF BUSINESS OR INDUSTRY STEEL COMPANY		
15a. RESIDENCE STREET ADDRESS 8 HERITAGE DRIVE			15b. CITY OR TOWN VIDOR		
15c. COUNTY ORANGE	15d. STATE TEXAS	15e. ZIP CODE 77662	15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
16. FATHER'S NAME JACOB JURCZAK		17. MOTHER'S MAIDEN NAME ANNA UNAVAILABLE			
18. PLACE OF DEATH (CHECK ONLY ONE) HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)					
19. COUNTY OF DEATH JEFFERSON		20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) BEAUMONT	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) LINSBERG NURSING HOME		
22. INFORMANT - SIGNATURE & RELATIONSHIP <i>Jerome Jurczak</i> SON		23. MAILING ADDRESS OF INFORMANT 20435 WHITEFENCE CT. FRANKFORT, ILL. 60421			
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)		25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) HOLY CROSS CEMETERY 26. LOCATION (CITY, STATE) CALUMET CITY, ILLINOIS		27. DATE OF DISPOSITION 11-8-1993	
30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> JUSTICE OF THE PEACE		28. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: <i>Gracie</i> 119206			
31. SIGNATURE & TITLE OF CERTIFIER <i>Ronald K. Jeger</i> M.D.		32. DATE SIGNED 11-22-93		33. TIME OF DEATH 5:10 a.m.	
34. PRINTED NAME & ADDRESS OF CERTIFIER DR. RONALD K. JEGER, 740 HOSPITAL DRIVE, BEAUMONT, TEXAS 77701					
35. PART 1 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. <i>Cardiac arrest</i> b. <i>Asphyxia</i> c. <i>MI</i> Sequitely 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 1993 years
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)					36a. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		39. WAS DECEASED PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK. WITHIN LAST 12 MO. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.	
40. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		41a. DATE OF INJURY	41b. TIME OF INJURY M.	41c. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	
42a. REGISTRAR FILE NO. 02-1561		42b. DATE RECEIVED BY LOCAL REGISTRAR November 22, 1993		42c. SIGNATURE OF LOCAL REGISTRAR <i>Doraldine Bockett</i>	



WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

1582-A