12cc + Vets

Wendell Goad II
5201 Fountain Dr, Ste A
Crown Point 46307

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 3889-89 94023303 State No. 7

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Stephen J. STULAC
2. SEX: MALE
3a. TIME OF DEATH: 11:50 A
3b. DATE OF DEATH (Month, Day, Yr.): AUGUST 4, 1989
4. SOCIAL SECURITY NUMBER: 307-20-0585
5a. AGE—Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day, Yr.): November 8, 1923
7. BIRTHPLACE (City and State or Foreign Country): Steelton, PA
8a. WAS DECEDENT A U.S. VETERAN? Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): METHODIST HOSPITAL SOUTHLAKE
9c. CITY, TOWN, OR LOCATION OF DEATH: MERRILLVILLE
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): REBECCA BRASHER
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): ELECTRICIAN
12b. KIND OF BUSINESS/INDUSTRY: CONTINENTAL ELECTRICAL
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: CROWN POINT
13d. STREET AND NUMBER: 3219 Rustic Lane
13e. ZIP CODE: 46307
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM? [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] 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): 12th; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): MICHAEL STULAC
19. MOTHER'S NAME (First, Middle, Maiden Surname): THERESA KAPUSIN

INFORMANT

20a. INFORMANT'S NAME (Type/Print): REBECCA G. STULAC
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3219 Rustic Lane, Crown Point, IN 46307
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Entombment [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): AUGUST 7, 1989 CALUMET PARK CEMETERY
21c. LOCATION—City or Town, State: MERRILLVILLE, INDIANA
22a. EMBALMER'S NAME: ALEXIS THANOS
22b. EMBALMER'S LICENSE NO.: FD08600505
23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Robert Wiatrolik
24b. LICENSE NUMBER (of Licensee): FD01001293
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: STILINOVICH & WIATROLIK FH3004455, 7535 Taft St. Merrillville, IN 46410

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, 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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Respiratory failure	1 week
DUE TO (OR AS A CONSEQUENCE OF): b.	Cerebral vascular accident	1 week
DUE TO (OR AS A CONSEQUENCE OF): c.	Coronary artery disease	years
DUE TO (OR AS A CONSEQUENCE OF): d.	Status post Carcinoma of larynx	years

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

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)

CERTIFIER

29a. CERTIFIER (Check only one):
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] 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.
[ ] 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: Raymond J Doherty MD
29c. MEDICAL LICENSE NO.: 6233
29d. DATE SIGNED (Month, Day, Year): 8-2-89
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Doherty 8695 Connecticut, Merrillville.

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Paul A Johnson
32. DATE FILED (Month, Day, Year): Aug. 7 1989

FILED

CORONER USE ONLY

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)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

THIS CERTIFIES THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
Cecil Ola
LAKE COUNTY HEALTH COMMISSIONER
MAR 29 1991
Anna N. Anton
AUDITOR LAKE COUNTY
01757
Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!
STOP

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1