

4cc + VETS

94028459

INDIANA STATE BOARD OF HEALTH

Commercial Credit
5760 Broadway
Merrillville 46410

Local No. 2234-92

CERTIFICATE OF DEATH

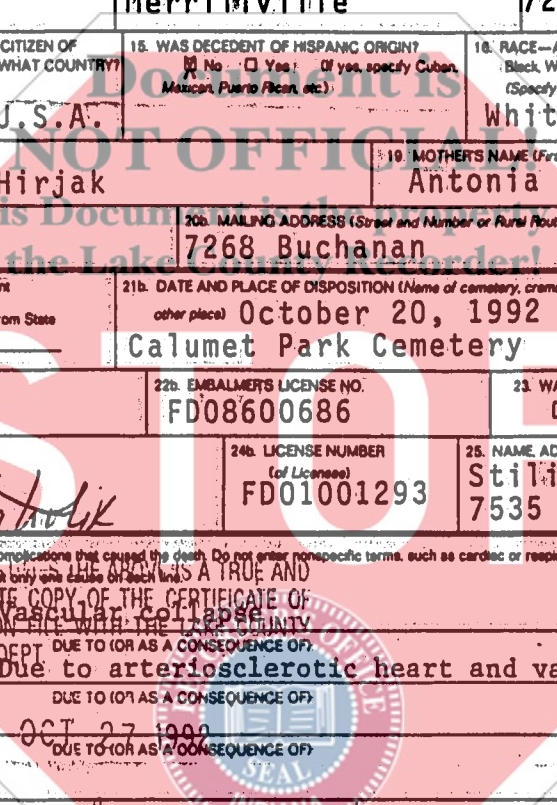
State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Paul Hirjak		2. SEX Male	3a. TIME OF DEATH 17:23P	3b. DATE OF DEATH (Month, Day, Yr) October 17, 1992
4. SOCIAL SECURITY NUMBER 316-22-9423		5a. AGE—Last Birthday (Years) 64	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:
6. DATE OF BIRTH (Mo, Day, Yr) April 25, 1928		7. BIRTHPLACE (City and State or Foreign Country) Gary, IN.		
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1946	8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) 7268 Buchanan		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) Mary Ann Hricik	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pressman	12b. KIND OF BUSINESS/INDUSTRY Budd Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville	13d. STREET AND NUMBER 7268 Buchanan	
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. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (14 or 5+)		18. FATHER'S NAME (First, Middle, Last) Andrew Hirjak		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Antonia		20a. INFORMANT'S NAME (Type/Print) Mary Ann Hirjak		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7268 Buchanan		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 20, 1992 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, IN.
22a. EMBALMERS NAME David Semplinski		22b. EMBALMERS LICENSE NO. FD08600686	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR Robert C. Wiatrolik		24b. LICENSE NUMBER (of Licensee) FD01001293	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Stilnovich & Wiatrolik FH3004455 7535 Taft St. Merrillville, IN.	
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 of each kind. IMMEDIATE CAUSE (Final disease or condition resulting in death) Vascular collapse HEALTH DEPT b. Due to arteriosclerotic heart and vascular disease c. OCT 27 1992 DUE TO (OR AS A CONSEQUENCE OF) d.		Approximate Interval Between Onset and Death Unknown		
PART II. Other significant conditions - Conditions contributing to death but not seriously stated in Part I. Alexander D. Williams, MD LAKE COUNTY HEALTH COMMISSIONER		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 checked="" 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 checked="" 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. Chief Deputy 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 Deborah Huseman		
29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) October 21, 1992		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Deborah Huseman, Chief Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 4630				
31. HEALTH OFFICER'S SIGNATURE Alexander D. Williams, MD		32. DATE FILED (Month, Day, Year) Oct. 27, 1992		
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) APR 14 1994	34b. TIME OF INJURY FILED	34c. DESCRIBE HOW INJURY OCCURRED
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) APR 14 1994		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 00904		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) October 17, 1992		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. Anna N. Antons		

DECEDENT
PARENTS
INFORMANT
DISPOSITION
CAUSE OF DEATH
CERTIFIER
HEALTH OFFICER
CORONER USE ONLY

15-433-27 Judy Creeb South Unit #5



STATE OF INDIANA
MERRILLVILLE
LAKE COUNTY
APR 14 1994
FILED