

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 838-87

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

FUNERAL HOME No. 681

LICENSE No. 1502

EMBALMER'S NAME Norman Schneckeburger

FUNERAL DIRECTOR'S SIGNATURE Julien M. Schneckeburger

FUNERAL DIRECTOR'S LICENSE No. 2002

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

HEALTH DEPT. WITH THE COUNTY

M.D. OR O.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME FIRST <u>Eula</u> MIDDLE <u>M.</u> LAST <u>Rusnak</u>		SEX <u>female</u>	DATE OF DEATH MONTH DAY YEAR <u>April 26, 1987</u>
RACE <u>white</u>	AGE—Last Birthday (7/1) <u>68</u>	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH <u>Crown Point</u>	HOSPITAL OR OTHER INSTITUTION <u>St. Anthony Hospital</u>		WAS PATIENT <u>no</u>
STATE OF BIRTH <u>Kentucky</u>	CITIZEN OF WHAT COUNTRY <u>USA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	SURVIVING SPOUSE <u>Steve Rusnak</u>
SOCIAL SECURITY NUMBER <u>304-12-7368</u>	USUAL OCCUPATION <u>Interviewer</u>	KIND OF BUSINESS OR INDUSTRY <u>State of Indiana</u>	
RESIDENCE—STATE <u>Indiana</u>	COUNTY <u>Porter</u>	CITY, TOWN OR LOCATION <u>Valparaiso</u>	INSIDE CITY LIMITS <u>yes</u>
STREET AND NUMBER <u>1808 Clover Lane</u>	IS RESIDENCE ON A FARM? <u>NO</u>	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY "MEXICAN," "CUBAN," "PUERTO RICAN," ETC. <u>NO</u>	
FATHER—NAME <u>Charles</u>	MOTHER—WIDEN NAME <u>Lena Fielder</u>	INFORMANT'S NAME <u>Steve Rusnak - husband</u>	
RELATIONSHIP <u>husband</u>	MARITAL ADDRESS <u>1808 Clover Lane</u>	CITY OR TOWN <u>Valparaiso, Indiana</u>	STATE <u>Indiana</u>
BURIAL, CREMATION, REMOVAL, OTHER <u>Burial</u>	CENTURY OR CREMATORY—FUNERAL HOME <u>Graceland Cemetery</u>	LOCATION <u>Valparaiso, Indiana</u>	STATE <u>Indiana</u>
DATE <u>4-29-87</u>	FUNERAL HOME—NAME AND ADDRESS <u>Dykes Funeral Home</u>	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <u>2305 N. Campbell</u>	STATE <u>Indiana</u>
NAME OF ATTENDING PHYSICIAN <u>Samarjit S. Ghuman</u>	DATE SIGNED <u>4-27-87</u>	HOUR OF DEATH <u>3:55 P</u>	
MAILING ADDRESS—PHYSICIAN <u>1551 STURDY ROAD VALPARAISO, IN. 46383</u>	HEALTH OFFICER'S SIGNATURE <u>Paul Johnson</u>		
DATE RECEIVED BY LOCAL HEALTH OFFICER <u>4-30-87</u>		PART I (a) IMMEDIATE CAUSE <u>CARDIAC ARREST</u>	
PART II (b) DUE TO OR AS A CONSEQUENCE OF <u>CARDIOGENIC SHOCK</u>		PART II (c) DUE TO OR AS A CONSEQUENCE OF <u>ISCHEMIC HEART DISEASE, STATUS POST MYOCARDIAL REVASCLARISATION</u>	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I <u>RENAL FAILURE</u>		AUTOPSY (Specify Yes or No) <u>NO</u>	

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