"ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal."

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 3196-94 .... State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Fred Fozkos
2 SEX: Male
3a TIME OF DEATH: 1:00 AM
3b DATE OF DEATH (Month Day Yr): December 16, 1994
4 SOCIAL SECURITY NUMBER: 312-10-4187
5a AGE—Last Birthday (Years): 86
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo Day Yr): Apr. 20, 1908
7 BIRTHPLACE (City and State or Foreign Country): Milwaukee, Wisconsin
8a WAS DECEDENT A U.S. VETERAN?: NO
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): 3147 Garfield
9c CITY, TOWN OR LOCATION OF DEATH: Highland
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Loretta Goede
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Pipefitter
12b KIND OF BUSINESS/INDUSTRY: Steel Co.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Highland
13d STREET AND NUMBER: Lake
13e ZIP CODE: 46322
13f INSIDE CITY LIMITS: ☐ No ☒ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN?: ☒ 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): 8; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First Middle Last): Paul Fozkos
19 MOTHER'S NAME (First Middle Maiden Surname): Julia Kennedy

INFORMANT

20a INFORMANT'S NAME (Type/Print): Loretta Fozkos
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3147 Garfield Highland, Indiana
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): December 19, 1994 Greenwood Cemetery
21c LOCATION—City or Town, State: Michigan City, IN.
22a EMBALMER'S NAME: Ronald A. Reed
22b EMBALMER'S LICENSE NO: FDO 1001081
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature] G A Kuiper
24b LICENSE NUMBER (of Licensee): FDO 1014511
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana 300-7500

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.	Acute broncho pneumonia	4 days
DUE TO (OR AS A CONSEQUENCE OF) b.	Metastatic prostate cancer to bone	? months
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

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: NONE [initials] 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)

CERTIFIER

29a CERTIFIER (Check only one): ☒ 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: [signature] MD (ZAJAC)
29c MEDICAL LICENSE NO: IN 01040122
29d DATE SIGNED (Month Day Yr): 12/16/94
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): ANDREJ J. ZAJAC, MD, 901 MacArthur Blvd. Munster, IN 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander D. Williams, MD
32 DATE FILED (Month Day Year): December 16, 1994

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.

000725

SDH06 004 State Form 10110 (R4/3-93) Deathcer/PD 1

Added for Irene Halvinger [handwritten]

#27177-20

FILED JAN 17 1995 AUDITOR LAKE COUNTY [stamp]

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 95 JAN 17 PM 2:49

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