STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
95 JAN 19 AM 10:03

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1738-93 9600340 4

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Dorothy Benac
2. SEX: Female
3a. TIME OF DEATH: 7:00 a.m
3b. DATE OF DEATH (Month, Day, Yr.): July 11, 1993
4. SOCIAL SECURITY NUMBER: 311 32 1143
5a. AGE—Last Birthday (Years): 59 00
5b. UNDER 1 YEAR (Months) / UNDER 1 DAY (Hours, Minutes): AMASA G. COLE
5c. DATE OF BIRTH (Mo. Day. Yr.): 18, 1933
6. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
7a. WAS DECEDENT A U.S. VETERAN?: No
7b. YEAR LAST SERVED IN U.S. ARMED FORCES?
8. PLACE OF DEATH (Check only one. See instructions): ☐ Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Other ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9a. FACILITY NAME (If not institution, give street and number): 5645 Pennsylvania St.
9c. CITY, TOWN, OR LOCATION OF DEATH: Merrillville IN
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Richard Benac
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Secretary
12b. KIND OF BUSINESS/INDUSTRY: Council Girl Scouts of Cal
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Merrillville
13d. STREET AND NUMBER: 5645 Pennsylvania St.
13e. ZIP CODE: 46410
13f. INSIDE CITY LIMITS? ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
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): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Charles Menaric
19. MOTHER'S NAME (First, Middle, Maiden Surname): Rose Tomasic

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Richard Benac
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip): 5645 Pennsylvania St. Merrillville IN 46410
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Calumet Park Crematory July 14, 1993
21c. LOCATION—City or Town, State: MerrillvilleIN. 46410
22a. EMBALMER'S NAME: Anthony S.Rendina Jr
22b. EMBALMER'S LICENSE NO.: FD01010402
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Anthony S Rendina Jr
24b. LICENSE NUMBER (of Licensee): FD01010402
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: RendinaFuneral Home FH83007819 5100Cleveland Gary,IN 46408

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.

Immediate Cause (Final disease or condition resulting in death): a. CARCINOMA OF LUNG
Due to (or as a consequence of): b.
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.

Approximate Interval Between Onset and Death: 1 YR.

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
28. WAS AUTOPSY PERFORMED? (Yes or no): No
29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

FILED
JAN 19 1995
SAM OLIVER
AUDITOR LAKE COUNTY

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

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]
29c. MEDICAL LICENSE NO: 010307
29d. DATE SIGNED (Month, Day, Year): 7-14-93

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 125 East [illegible] Merrillville, In. 46410 DR. BARAI
31. HEALTH OFFICER'S SIGNATURE, COUNTY HEALTH DEPARTMENT: [signature] M.D.
32. DATE FILED (Month, Day, Year): July 15, 1993

#15-426-6

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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.

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SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER-PD 1

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