

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 15-405-18

Local No. 1134-93

Law Office Garry A. Wetts, Six West 73rd Ave. Merrillville, In. 46410

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TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) Mary Pozenovich		2 SEX Female	3a TIME OF DEATH 9:15 AM	3b DATE OF DEATH (Month, Day, Yr) May 22, 1993
4 SOCIAL SECURITY NUMBER 312-05-0420	5a AGE—Last Birthday (Years) 78	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) February 17, 1915
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? -	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> COA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) 7238 Harrison Street		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) Max Pozenovich	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b KIND OF BUSINESS/INDUSTRY At Home	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 7238 Harrison Street	
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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) 12 College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Carl Musick		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Julia Miklas		20a INFORMANT'S NAME (Type/Print) Max Pozenovich		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7238 Harrison St, Merrillville, IN 46410		20c Relationship Husband		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) May 25, 1993 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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Konrad G. Mesand</i>		24b LICENSE NUMBER (of Licensee) FD01005912	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home Inc. FH83007762 7905 Broadway Merrillville, IN 46410	
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. Myocardial infarction Coronary atherosclerosis Heart and vascular disease		27 AUDITOR FOR LAKE COUNTY: PRESENT ON 30 DAYS POSTPARTUM? (Yes or no) No PERFORMED? (Yes or no) No		28 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
26 PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>11/3 208 1994</i>		29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> HEALTH OFFICER <input checked="" type="checkbox"/> CORONER		
29b SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>		29c MEDICAL LICENSE NO. 16120	29d DATE SIGNED (Month, Day, Year) May 26, 1993	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams</i>				32 DATE FILED (Month, Day, Year) May 27, 1993
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> 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) 000198		
34g DATE PRONOUNCED DEAD (Month, Day, Year) May 22, 1993		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

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SAM ORLICH

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LAKE COUNTY
RECORDS