

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

Local No. 0885-95

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) NICHOLAS A. TURICH, JR.		2. SEX MALE	3a. TIME OF DEATH 3:54 A.M.	3b. DATE OF DEATH (Month, Day, Year) APRIL 16, 1995
4. SOCIAL SECURITY NUMBER 306-03-6269	5a. AGE—Last Birthday (Years) 78	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) FEB. 22, 1917
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a. WAS DECEDENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	
9a. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		9b. OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9c. FACILITY NAME (If not institution, give street and number) METHODIST HOSPITAL (SOUTHLAKE)		9d. CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE	9e. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) ANN M. FURTO	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) STEELWORKER/PIPEFITTER		12b. KIND OF BUSINESS/INDUSTRY INLAND STEEL CO.
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION East Chicago	13d. STREET AND NUMBER 3917 Hemlock Street	
13e. ZIP CODE 46312	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 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) n/a				
18. FATHER'S NAME (First, Middle, Last) Nicholas A. Turich, Sr.		19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Malensek		
20a. INFORMANT'S NAME (Type/Print) Ann M. Turich		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3917 Hemlock St. East Chicago, IN		20c. Relationship Wife
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) April 19, 1995 St John Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana
22a. EMBALMER'S NAME Charles W. Wells		22b. EMBALMER'S LICENSE NO. FD0104372		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD08800012		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH155 Oleska-Patrack Funeral Home 3934 Elm St., East Chicago, IN
26. PART I: Enter the disease, 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. ca of stroke Aspiration pneumonia infection of incision Arteriosclerotic fistula				
26. PART II: Enter the immediate cause of death (disease or condition resulting in death). APR 11 1995				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No				
28a. WAS AN AUTOPSY PERFORMED BY COUNTY HEALTH DEPARTMENT? (Yes or no) No				
28b. WERE ANY OTHER FINDINGS COMMUNICATED 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 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. <input type="checkbox"/> 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 <i>Nadezda Djurovic</i>		29c. MEDICAL LICENSE NO. 01026620		29d. DATE SIGNED (Month, Day, Year) 4/17/95
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Nadezda Djurovic, M.D. 2105 W. Lincoln Hwy., Merrillville, IN				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32. DATE FILED (Month, Day, Year) April 17, 1995
33. MANNER OF DEATH <input 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)	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.				

30-372-9

FILED
SAN DRILCH
LAKE COUNTY
27 1995

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STATE OF INDIANA
LAKE COUNTY
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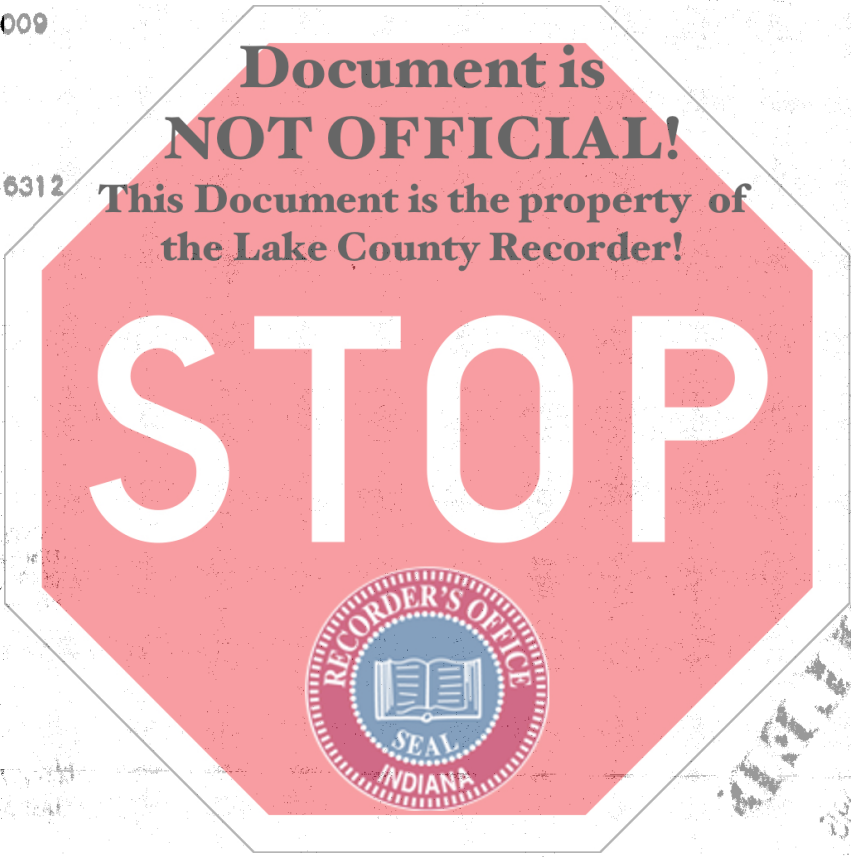
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LEGAL DESCRIPTION:

Lot Nine (9), Block Eleven (11), Third Addition to Indiana Harbor, in the City of East Chicago, as shown in Plat Book 5, page 24, in Lake County, Indiana.

KEY NO.: 30-0372-0009

RETURN TO:
Ann M. Turich
3917 Lemlock St.
East Chicago, IN 46312



RECORDED
INDEXED
MAY 19 1932
CLERK OF SUPERIOR COURT
EAST CHICAGO, INDIANA