30-624-6

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

Local No. 94-399

INDIANA STATE DEPARTMENT OF HEALTH

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

Field	Entry
1. Deceased—Name (First Middle Last)	Elizabeth E. Benko
2. Sex	Female
3a. Time of Death	4:47 P M
3b. Date of Death (Month Day Yr)	December 9, 1994
4. *Social Security Number	317-09-6280
5a. Age—Last Birthday (Years)	79
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Mo. Day Yr)	March 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 US Armed Forces?	n/a
9a. Place of Death (Check only one. See instructions)	Hospital: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. Facility Name (If not institution, give street and number)	St. Catherine Hospital
9c. City, Town, or Location of Death	East Chicago
9d. County of Death	Lake
10. Marital Status (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Paul M. Benko
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	Own Home
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	East Chicago
13d. Street and Number	2111 Cardinal Drive
13e. Zip Code	46312
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? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. Race—American Indian, Black, White, etc. (Specify)	White
17. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	n/a

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PARENTS

Field	Entry
18. Father's Name (First Middle Last)	Paul Elias
19. Mother's Name (First Middle Maiden Surname)	Elizabeth Sukupchak

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	Paul M. Benko
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2111 Cardinal Dr. E. Chicago, IN 46312
20c. Relationship	Husband

DISPOSITION

Field	Entry
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)	December 12, 1994 Concordia 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?	☐ No ☒ Yes
24a. Signature of Funeral Director	David J. Pastrick
24b. License Number (of Licensee)	FD08800012
25. Name, Address, and License Number of Funeral Home	Oleska Pastrick Funeral Home 3934 Elm St. East Chicago, IN 46312

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.	Vascular collapse	Unknown
b. Due to (or as a consequence of)	Due to arteriosclerotic heart and vascular disease	
c. Due to (or as a consequence of)		
d. Due to (or as a consequence of)		

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.

Field	Entry
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)	No

CERTIFIER

29a. Certifier (Check only one) Deputy

☐ 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.

Field	Entry
29b. Signature and Title of Certifier	Kathy Philpot
29c. Medical License No.	N/A
29d. Date Signed (Month Day Year)	December 12, 1994

30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)
Kathy Philpot, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307

HEALTH OFFICER

31. Health Officer's Signature [illegible]

32. Date Filed (Month Day Year) 12-13-94

Field	Entry
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)	December 9, 1994
34h. Motor Vehicle Accident? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

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