

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Return To: 1042
John J. Halczar
Attn: At. Law
9105 Indianapolis, Ind.
State No. H.S.H. Mod. Fr. 44322

Local No. 0632-97

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

113195
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) James P. Sciackitano		2 SEX Male		3a TIME OF DEATH 01:53P		3b DATE OF DEATH (Month Day Yr) March 20, 1997	
4 SOCIAL SECURITY NUMBER 344-44-5073		5a AGE—Last Birthday (Years) 46		5b UNDER 1 YEAR Months Days 00 00		5c UNDER 1 DAY Hours Minutes 00 00	
6 DATE OF BIRTH (Mo Day Yr) Oct 29, 1950		7 BIRTHPLACE (City and State or Foreign Country) Hammond, IN					
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1973		8c PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) St. Anthony's Medical Center				9c CITY TOWN OR LOCATION OF DEATH Crown Point		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Sally Sobek		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Construction		12b KIND OF BUSINESS/INDUSTRY Phone Company	
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY TOWN OR LOCATION Lowell		13d STREET AND NUMBER 16398 Morton Pl.	
13e ZIP CODE 46356		13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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 (K-12) 12 College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) Jasper Sciackitano			
19 MOTHER'S NAME (First Middle Maiden Surname) Lucille Rogers		20a INFORMANT'S NAME (Type/Print) Sally Sciackitano		20b ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 16398 Morton Pl., Lowell, IN 46356		20c Relationship Wife	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) March 23, 1997 Lowell Memorial Cemetery		21c LOCATION—City or Town, State Lowell, IN			
22a EMBALMER'S NAME Byron G. Hawkins		22b EMBALMER'S LICENSE NO. FD29500038		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Mary E. Hawkins</i>		24b LICENSE NUMBER (of Licensee) FD09200061		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home, FH83004277 604 E. Commercial Ave., Lowell, IN			
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. Laceration of the liver DUE TO (OR AS A CONSEQUENCE OF) Contusion of chest wall DUE TO (OR AS A CONSEQUENCE OF) Due to blunt force trauma DUE TO (OR AS A CONSEQUENCE OF)							
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 AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a CERTIFIER (Check only one) <input 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 checked="" 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>Dr. Thomas R. Philpot</i>				29c MEDICAL LICENSE NO. 538-B		29d DATE SIGNED (Month Day Year) March 24, 1997	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main St., Crown Point, IN 46307							
31 HEALTH OFFICER'S SIGNATURE <i>Alexander J. ... MD</i>						32 DATE FILED (Month Day Year) March 26, 1997	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" 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) Mar 20, 1997		34b TIME OF INJURY Unknown		34c INJURY AT WORK? (Yes or no) No	
34d DESCRIBE HOW INJURY OCCURRED Decedent fell out of a tree while cutting a branch		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Residence/Outdoors				34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 16398 Morton Place, Lowell, Indiana	
34g DATE PRONOUNCED DEAD (Month Day Year) March 20, 1997 03/20/97		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No		35 000095			

FILED
OCT 01 1997
SAM ORLICH
AUDITOR LAKE COUNTY
CORNER
OCT - 6 AM 8:51
STATE OF INDIANA
LAKE COUNTY
FILED & RECORD