* 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.

Local No. 0666-98

264013

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

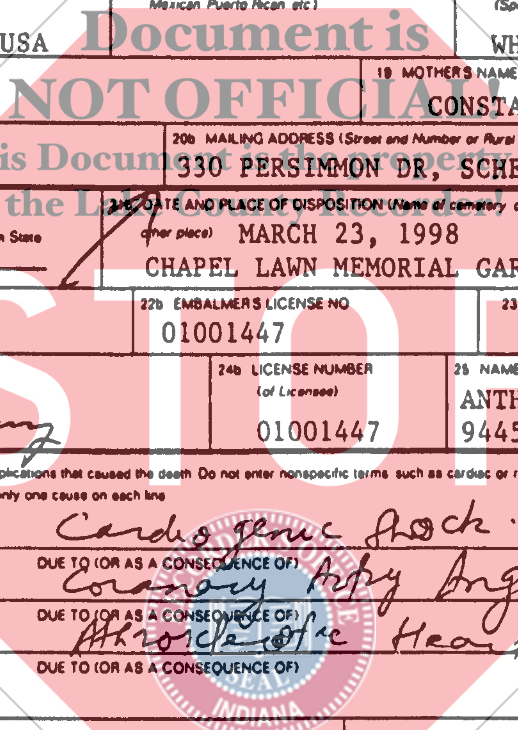
Field	Entry
1 DECEASED—NAME (First Middle Last)	CONRAD JOHN FORTUNA
2 SEX	MALE
3a TIME OF DEATH	11:54 A.
3b DATE OF DEATH (Month Day Yr)	MARCH 19, 1998
4 *SOCIAL SECURITY NUMBER	333-18-6394
5a AGE—Last Birthday (Years)	77
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	NOV. 9, 1920
7 BIRTHPLACE (City and State or Foreign Country)	CHICAGO, ILLINOIS
8a WAS DECEDENT A US VETERAN?	YES
8b YEAR LAST SERVED IN US ARMED FORCES?	1945
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)	THE COMMUNITY HOSPITAL
9c CITY, TOWN OR LOCATION OF DEATH	MUNSTER
9d COUNTY OF DEATH	LAKE
10 MARITAL STATUS (Specify)	MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name)	IRJA S. SEPPANEN
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	FOREMAN
12b KIND OF BUSINESS/INDUSTRY	FOOD PROCESSING
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN OR LOCATION	SCHERERVILLE
13d STREET AND NUMBER	330 PERSIMMON DRIVE
13e ZIP CODE	46375
13f INSIDE CITY LIMITS	☐ No ☒ Yes
13g ON A FARM?	☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	USA
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+)	1

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	JOHN FORTUNA
19 MOTHER'S NAME (First Middle Maiden Surname)	CONSTANCE GADZINSKI

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	IRJA S. FORTUNA
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	330 PERSIMMON DR, SCHERERVILLE, IN 46375
20c Relationship	WIFE



DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	MARCH 23, 1998 CHAPEL LAWN MEMORIAL GARDENS
21c LOCATION—City or Town, State	SCHERERVILLE, INDIANA
22a EMBALMER'S NAME	LARRY D. ANTHONY
22b EMBALMER'S LICENSE NO	01001447
23 WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	Larry D. Anthony
24b LICENSE NUMBER (of Licensee)	01001447
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	ANTHONY & DZIADOWICZ F.H. #83002916 9445 CALUMET AVE, MUNSTER, IN 46321

98030080

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiogenic shock.

DUE TO (OR AS A CONSEQUENCE OF)

b. Coronary Artery Angioplasty

DUE TO (OR AS A CONSEQUENCE OF)

c. Atherosclerotic Heart Disease

DUE TO (OR AS A CONSEQUENCE OF)

d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

FILED MAR 23 1998

PART II Other significant conditions. Conditions contributing to death but not previously stated in Part I

SAM ORLICH
AUDITOR LAKE COUNTY

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)

☒ 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	[signature]
29c MEDICAL LICENSE NO	01034378
29d DATE SIGNED (Month Day Year)	MARCH 20 1998
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	ARSHAD MALIK, M.D. 8560 BROADWAY MERRILLIVILLE, INDIANA 46410

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Alejandro S. Villines MD
32 DATE FILED (Month Day Year)	March 20 1998

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)	
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

MAR 20 1998

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1