

64 VETS

* 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

Local No. 1448-92

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | | |
|--|--|---|--|---|----------------------------------|
| 1 DECEASED—NAME (First, Middle, Last) Michael Baran | | 2 SEX Male | 3a TIME OF DEATH 1:00 P | 3b DATE OF DEATH (Month, Day, Yr) July 10, 1997 | |
| 4 SOCIAL SECURITY NUMBER 313-12-6569 | 5a AGE—Last Birthday (Years) 70 | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo, Day, Yr) March 26, 1997 | |
| 7 BIRTHPLACE (City and State or Foreign Country) Czechoslovakia | 8a WAS DECEDENT A U.S. VETERAN? Yes | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1956 | 8c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) | | |
| 9a FACILITY NAME (If not institution, give street and number) 1220 West 56th Ave | | 9b CITY, TOWN, OR LOCATION OF DEATH Merrillville | 9c COUNTY OF DEATH Lake | | |
| 10 MARITAL STATUS (Specify) Divorced | 11 SURVIVING SPOUSE (If wife, give maiden name) None | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sheet & Metal | | 12b KIND OF BUSINESS/INDUSTRY Local #20 | |
| 13a RESIDENCE—STATE Indiana | 13b COUNTY Lake | 13c CITY, TOWN, OR LOCATION Merrillville | 13d STREET AND NUMBER 1220 West 56th Ave | | |
| 13e ZIP CODE 46410 | 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 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) 12 | | 17a College (1-4 or 5+) | | | |
| 18 FATHER'S NAME (First, Middle, Last) Mikulas Baran | | 19 MOTHER'S NAME (First, Middle, Maiden Surname) Anna Lazlo | | | |
| 20a INFORMANT'S NAME (Type/Print) Mary Anne Milak | | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2171 W, 97th Place Crown Point, In 46307 | | 20c Relationship Daughter | |
| 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) July 14, 1997 Calumet Park Cemetery | | 21c LOCATION—City or Town, State Merrillville, Indiana | |
| 22a EMBALMER'S NAME Henry Blake | | 22b EMBALMER'S LICENSE NO. FD0109406 | 23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>Richard A. Sorin</i> | | 24b LICENSE NUMBER (of Licensee) FD29500093 | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Stilnovich & Waitrolo FH83004455 7535 Taft St. 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. Vascular collapse Due to arteriosclerotic heart and vascular disease | | | | | |
| 26 PART II Other significant conditions. Conditions contributing to death should be listed only if they are listed on the cause list. Alexander D. Stillnovich, MD LAKE COUNTY HEALTH COMMISSIONER | | | | | |
| 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 | | |
| 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>Deputy</i> | | | |
| 29c MEDICAL LICENSE NO. N/A | | 29d DATE SIGNED (Month, Day, Year) July 15, 1997 | | | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307 | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Stillnovich, MD</i> | | | | 32 DATE FILED (Month, Day, Year) July 15, 1997 | |
| 33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined | | 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) 9.00 PM | | | |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year) July 10, 1997 | | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No | | | |

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988210638 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNKNOWN

MEADOWDALE SUB LOT 11 BLK 12 KEY # 15-275-18

TICOR MD 218 256

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