* ATTENTION STATE: 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. 17 State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Decedent name	DAN SIMON
2. Sex	Male
3a. Time of death	8:35 pm
3b. Date of death	JAN 16,1998
4. Social Security Number	306-03-7133
5a. Age	88
6. Date of birth	MAR 20,1909
7. Birthplace	East Chicago,IN.
8a. Was decedent a US veteran	YES
8b. Year last served in US armed forces	N/A
9a. Facility name	4223 FIR ST.
9c. City, town or location of death	East Chicago
9d. County of death	Lake
10. Marital status	Married
11. Surviving spouse	LORRAINE URISKA
12a. Decedent's usual occupation	Superintendent School
12b. Kind of business/industry	CITY of East Chicago
13a. Residence-State	Indiana
13b. County	Lake
13c. City, town or location	East Chicago
13d. Street and number	4223 Fir ST.
13e. Zip code	46312
14. Citizen of what country	USA
15. Was decedent of Hispanic origin	No
16. Race	WHITE
17. Decedent's education	N/A / N/A
18. Father's name	John Simon
19. Mother's name	ANTOINETTE WOLCU
20a. Informant's name	Daniel Simon
20b. Mailing address	1227 Kanebridge at SOUTH BEND,IN.
20c. Relationship	Son
21b. Date and place of disposition	JAN 20,1998 Northwest Cremation Services
21c. Location	Crown Point,IN.
22a. Embalmer name	Henry Blake
22b. Embalmer's license number	FDO 1019406
23. Was death reported to coroner	No
24a. Signature of funeral director	[signature]
24b. License number	FDO 102241
25. Name, address and license number of funeral home	Grusiecki Funeral Home P.O.Box J FH8 3001562 East Chicago,IN 46312

CAUSE OF DEATH

26. Part I
- Immediate cause: Ventricular Fibrillation
- Due to (or as a consequence of): Coronary artery disease
- Due to (or as a consequence of): Arteriosclerotic Heart disease
- Due to (or as a consequence of):

27. Was decedent pregnant or 90 days postpartum

28. Was autopsy performed

29. Were autopsy findings available prior to completion of cause of death

FILED APR 21 1998

CERTIFIER

30a. Certifier: Certifying Physician / Health Officer / Coroner

30b. Signature and title of certifier: [signature]

30c. Medical license: 38127

30d. Date signed: 1/20/98

31. Name and address of person who completed cause of death: R. Ramon Llobet, M.D. 4320 Fir Street, Ste. 410, E. Chicago, IN 4631[illegible]

HEALTH OFFICER

32. Health officer's signature: Lls Timothy Raykovich

33. Date filed: 1-20-98

34. Manner of death: Natural / Pending investigation / Accident / Suicide / Could not be determined / Homicide

001719

This document presents re-recorded to correct sequence of title.

#49457

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Certification

State of Indiana)
) SS
County of Lake)

This is to certify that I, Morris W. Carter, Recorder of Deeds of Lake County, Indiana am the custodian of the records of this office, and that the foregoing is a full, true and complete copy of

a DEATH CERITIFICATE FOR DAN SIMON

as recorded

in DOCUMENT# 98031377

as this said document was present for the recordation

when MORRIS W. CARTER

was Recorder at the time of filing of said document

Dated this 19TH day of June , 1998

Deputy Recorder

Morris W. Carter, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 8/97

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