* 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. 0889-97 C 49869

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)	SUSAN ZONDOR
2 SEX	FEMALE
3a TIME OF DEATH	10:00P.M.
3b DATE OF DEATH (Month Day Yr)	APRIL 22, 1997
4 *SOCIAL SECURITY NUMBER	309-58-5383
5a AGE—Last Birthday (Years)	93
5b UNDER 1 YEAR (Months / Days)	
5c UNDER 1 DAY (Hours / Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	JULY 10,1903
7 BIRTHPLACE (City and State or Foreign Country)	MATISOVA, SLOVAKIA
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: XX Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number)	REGENCY PLACE
9c CITY, TOWN OR LOCATION OF DEATH	DYER
9d COUNTY OF DEATH	LAKE
10 MARITAL STATUS (Specify)	WIDOWED
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)	HOMEMAKER
12b KIND OF BUSINESS/INDUSTRY	OWN HOME
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN OR LOCATION	WHITING
13d STREET AND NUMBER	1208-120TH STREET
13e ZIP CODE	46394
13f INSIDE CITY LIMITS	☐ No XX Yes
13g ON A FARM?	XX No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc)	XX No ☐ Yes
16 RACE—American Indian, Black, White, etc. (Specify)	WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	6
College (1-4 or 5+)	

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	MICHAEL CHANDIK
19 MOTHER'S NAME (First Middle Maiden Surname)	HELEN PEELES

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	MR. ROBERT ZONDOR
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1740 WEDGEWOOD, CROWN POINT, IN 46307
20c Relationship	SON

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	XX Burial ☐ Entombment ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	APRIL 26, 1997 ST. JOHN CEMETERY
21c LOCATION—City or Town, State	HAMMOND, INDIANA
22a EMBALMER'S NAME	MARTIN A. DYBEL
22b EMBALMER'S LICENSE NO	FDE01019456
23 WAS DEATH REPORTED TO CORONER?	XX No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b LICENSE NUMBER (of Licensee)	FDE01019456
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394

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): Congestive Heart failure

DUE TO (OR AS A CONSEQUENCE OF)

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

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF)

FILED

JUN 25 [redacted]

SAM ORLICH

AUDITOR LAKE COUNTY

PART II Other significant conditions - Conditions contributing to death but not previously related 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)	N/A

CERTIFIER

29a CERTIFIER (Check only one)

XX 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	01030852
29d DATE SIGNED (Month Day Year)	APRIL 25, 1997
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	ELLIOT H. STOKAR, M.D., 7[illegible]-45TH AVENUE, MUNSTER, INDIANA 46321

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	[signature], M.D.
32 DATE FILED (Month Day Year)	April 29 1997

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	

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Kjg 2827655

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STOP

RECORDER'S OFFICE SEAL LAKE COUNTY INDIANA

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