

INDIANA STATE DEPARTMENT OF HEALTH

Key # 46-548-5

Local No. 2477-93

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Mary L. Meneakis		2 SEX Female		3a TIME OF DEATH 10:40a		3b DATE OF DEATH (Month Day Year) October 20, 1993	
4 SOCIAL SECURITY NUMBER 315-28-1497		5a AGE—Last Birthday (Years) 72		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) Oct. 4, 1921		7 BIRTHPLACE (City and State or Foreign Country) Antwerp, Belgium,					
8a WAS DECEDENT A US VETERAN? NO		8b YEAR LAST SERVED IN US ARMED FORCES? N/A		8c PLACE OF DEATH (Check only one See instructor.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) Methodist Southlake Campus				9b CITY TOWN OR LOCATION OF DEATH Merrillville		9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife give maiden name) Nick Maneakis		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife		12b OF BUSINESS/INDUSTRY 807511	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY TOWN OR LOCATION Gary		13d STREET AND NUMBER 4508 E. 7th Ave.	
13e ZIP CODE 46403		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" 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 (0-12) 12 College (11-4 or 5 + 1)					
18 FATHER'S NAME (First Middle Last) Henri Leeraerts				19 MOTHER'S NAME (First Middle Maiden Surname) Anna Marie Tilmans			
20a INFORMANT'S NAME (Type/Print) Nick Meneakis				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4508 E. 7th Ave. GARY, Ind. 46403		20c Relationship Husband	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) October 22, 1993 Ridgvelawn Cemetery			21c LOCATION—City or Town, State Gary, Indiana		
22a EMBALMER'S NAME Anthony S. Rendina Jr.		22b EMBALMER'S LICENSE NO. FD01010402		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) FD01010402		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home 83007819 5100 Cleveland St. Indianapolis, In 46408			
26 PART I: Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) JUN 12 1998 CARCINOMA OF BREAST WITH METASTASIS 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) 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) SEP 23 1998				28a WAS AN AUTOPSY PERFORMED? (Yes or no)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input checked="" 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 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>Anthony S. Rendina Jr.</i>				29c MEDICAL LICENSE NO. 01030107		29d DATE SIGNED (Month Day Year) 10-21-93	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Bharat H. Barai M.D. 125 E. 89th Ave. Merrillville, Indiana							
31 HEALTH OFFICER'S SIGNATURE <i>Bharat H. Barai M.D.</i>						32 DATE FILED (Month Day Year) October 22, 1993	
33 MANNER OF DEATH <input 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 PLACE OF INJURY—At home farm street, factory, office, building etc. (Specify)		34e 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.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

001594 985