This Document Not Valid Unless Stamped on Reverse Side and Embossed with Raised Seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

STATE OF IND. LAKE COUNTY FILED FOR RECORD

99081102

99 OCT - PM 3:11

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1. DECEASED - NAME (First, Middle, Last): FRANCIS J (FRANK) LEWANDOWSKI
- 2. SEX: Male
- 3a. TIME OF DEATH: 9:20 PM
- 3b. DATE OF DEATH (Month, Day, Yr.): November 12, 1998
- 4. SOCIAL SECURITY NUMBER: 314-66-9186
- 5a. AGE - Last Birthday (Years): 41
- 5b. UNDER 1 YEAR (Months / Days):
- 5c. UNDER 1 DAY (Hours / Minutes):
- 6. DATE OF BIRTH (Mo., Day, Yr.): June 19, 1957
- 7. BIRTHPLACE (City and State or Foreign Country): GARY INDIANA
- 8a. WAS DECEDENT A U.S. VETERAN?: Yes
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1983
- 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): 19 MARVIN GARDENS
- 9c. CITY, TOWN, OR LOCATION OF DEATH: HEBRON
- 9d. COUNTY OF DEATH: PORTER
- 10. MARITAL STATUS (Specify): Married
- 11. SURVIVING SPOUSE (If wife, give maiden name): SANDRA TOMKO
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): PAROLE AGENT
- 12b. KIND OF BUSINESS/INDUSTRY: INDIANA
- 13a. RESIDENCE - STATE: INDIANA
- 13b. COUNTY: LAKE
- 13c. CITY, TOWN OR LOCATION: CROWN POINT
- 13d. STREET AND NUMBER: 918 CYPRESS PT. DRIVE A-2
- 13e. ZIP CODE: 46307-
- 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): 12; College (1-4 or 5+): 4

PARENTS

- 18. FATHER'S NAME (First, Middle, Last): JOHN LEWANDOWSKI
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): JEAN SMURDON

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): SANDRA LEWANDOWSKI
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 918 CYPRESS PT.DR.A-2, CROWN POINT, IN
- 20c. Relationship: WIFE

DISPOSITION

- 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): November 16, 1998 CALUMET PARK CEMETERY
- 21c. LOCATION - City or Town, State: MERRILLVILLE, INDIANA
- 22a. EMBALMER'S NAME: DAVID W. SEMPLINSKI
- 22b. EMBALMER'S LICENSE NO.: FD08600686
- 23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: Jovan Savich
- 24b. LICENSE NUMBER (of Licensee): FD08601292
- 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns Funeral Home FH83002445, 10101 Broadway, Crown Point, Indiana 46307-8801

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. Pancreatic Cancer
- DUE TO (OR AS A CONSEQUENCE OF):
- b.
- DUE TO (OR AS A CONSEQUENCE OF):
- c.
- DUE TO (OR AS A CONSEQUENCE OF):
- d.

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

- PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I:
- 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U): 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)

- ☒ 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.

- 29b. SIGNATURE AND TITLE OF CERTIFIER: R S. Dragan (RAYMOND DRAGAN MD)
- 29c. MEDICAL LICENSE NO.: 01031484
- 29d. DATE SIGNED (Month, Day, Year): 11- 16- 98
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 8127 MERRILLVILLE ROAD, MERRILLVILLE, IN 46410

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: Gary A. Babuka HO
- 32. DATE FILED (Month, Day, Year): November 18, 1998
- 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.

Return to: Kent A. Jeffirs 104 W. Clark St. Crown Point, IN 46307

FILED

OCT 01 1999

PETER BENJAMIN LAKE COUNTY AUDITOR

000073

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

STOP

RECORDER'S OFFICE SEAL INDIANA

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

No 606556

HEALTH OFFICER

THIS CERTIFIED COPY IS
ISSUED FREE FOR VETERANS
BENEFITS ONLY.

HEALTH OFFICER