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. ......158..................

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Hammond Health Commissioner

Date Issued: Feb 26 1997

STATE OF IND. LAKE COUNTY FILED FOR RECORD

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

TYPE/PRINT IN PERMANENT BLACK INK

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CARTER RECORDER

DECEDENT

- 1 DECEASED—NAME (First, Middle, Last): Andrew C. Serafin
- 2 SEX: Male
- 3a TIME OF DEATH: 3:55 p.m.
- 3b DATE OF DEATH (Month, Day, Yr.): February 23, 1997
- 4 SOCIAL SECURITY NUMBER: 313-14-0708
- 5a AGE—Last Birthday (Years): 71
- 5b UNDER 1 YEAR (Months, Days):
- 5c UNDER 1 DAY (Hours, Minutes):
- 6 DATE OF BIRTH (Mo./Day, Yr.): Oct. 27, 1925
- 7 BIRTHPLACE (City and State or Foreign Country): Whiting, Indiana
- 8a WAS DECEDENT A U.S. VETERAN?: Yes
- 8b YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945
- 9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
- 9b FACILITY NAME (If not institution, give street and number): St. Margaret Mercy Healthcare Center
- 9c CITY, TOWN, OR LOCATION OF DEATH: Hammond
- 9d COUNTY OF DEATH: Lake
- 10 MARITAL STATUS (Specify): Married
- 11 SURVIVING SPOUSE (If wife, give maiden name): Dorothie H. Donko
- 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Ass't Engineer
- 12b KIND OF BUSINESS/INDUSTRY: Amoco Oil Company
- 13a RESIDENCE—STATE: Indiana
- 13b COUNTY: Lake
- 13c CITY, TOWN, OR LOCATION: Hammond (Whiting P.O.)
- 13d STREET AND NUMBER: 2022 Lake Avenue
- 13e ZIP CODE: 46394
- 13f INSIDE CITY LIMITS: ☐ No [X] Yes
- 13g ON A FARM?: [X] No ☐ Yes
- 14 CITIZEN OF WHAT COUNTRY?: U.S.A.
- 15 WAS DECEDENT OF HISPANIC ORIGIN?: [X] No ☐ 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 (1-4 or 5+):

PARENTS

- 18 FATHER'S NAME (First, Middle, Last): John Serafin
- 19 MOTHER'S NAME (First, Middle, Maiden Surname): Mary Nosal

INFORMANT

- 20a INFORMANT'S NAME (Type/Print): Mrs. Dorothie H. Serafin
- 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2022 Lake Avenue, Whiting, Indiana 46394
- 20c Relationship: Wife

DISPOSITION

- 21a METHOD OF DISPOSITION: ☐ Burial [X] Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
- 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): February 26, 1997 Oakland Memory Lanes
- 21c LOCATION—City or Town, State: Dolton, Illinois
- 22a EMBALMER'S NAME: Martin A. Dybel
- 22b EMBALMER'S LICENSE NO: FDE01019456
- 23 WAS DEATH REPORTED TO CORONER?: [X] 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 St., 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)

a. Cardiac Arrhythmia

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

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PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Renal Failure; Coronary Artery disease

- 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): n/a
- 28a WAS AN AUTOPSY PERFORMED? (Yes or no):
- 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):

PETER BENJAMIN LAKE COUNTY AUDITOR

CERTIFIER

- 29a CERTIFIER (Check only one): [X] 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: [signature]
- 29c MEDICAL LICENSE NO: 33179
- 29d DATE SIGNED (Month, Day, Year): February 25, 1997
- 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): P. Alexander, M. D. 13101 S. Baltimore Avenue, Chicago, Illinois 60633

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

HEALTH OFFICER

- 31 HEALTH OFFICER'S SIGNATURE: Franklin ... M.D.
- 32 DATE FILED (Month, Day, Year): February 26, 1997
- 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.

OCT 07 1999

PETER BENJAMIN LAKE COUNTY AUDITOR 000528

900 Sue

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1 Donald O'Dell P.O. Box 128 Lowell 46356 ← # 3663

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