* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 99316-99 State No. ....

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): BARNEY PERZ
2 SEX: Male
3a TIME OF DEATH: 4:00 P M
3b DATE OF DEATH (Month Day Yr): October 8, 1999
4 SOCIAL SECURITY NUMBER: 316-18-6312
5a AGE—Last Birthday (Years): 75
5b UNDER 1 YEAR (Months / Days):
5c UNDER 1 DAY (Hours / Minutes):
6 DATE OF BIRTH (Mo. Day Yr): November 23,1923
7 BIRTHPLACE (City and State or Foreign Country): Whiting, Indiana
8a WAS DECEDENT A U.S. VETERAN?: Yes
8b YEAR LAST SERVED IN US ARMED FORCES?: 1957
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Other (Specify) ☐ Residence — Hospice Residence
9b FACILITY NAME (If not institution, give street and number): Wm. J. Riley Hospice Residence
9c CITY, TOWN, OR LOCATION OF DEATH: Munster
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Never Married
11 SURVIVING SPOUSE (If wife, give maiden name): N/A
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Production Worker
12b KIND OF BUSINESS/INDUSTRY: Amoco Oil
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Hammond
13d STREET AND NUMBER: 7445 Woodmar Avenue
13e ZIP CODE: 46324
13f INSIDE CITY LIMITS: ☐ No ☒ Yes
13g ON A FARM?: ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ 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): 8th; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First Middle Last): Joseph F. Perz
19 MOTHER'S NAME (First Middle Maiden Surname): Mary Gajewski

INFORMANT

20a INFORMANT'S NAME (Type/Print): Michael J. Perz
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip): 210 Forest Dr., Schererville, In. 46375 — Nephew

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): October 11, 1999 — Holy Cross Cemetery
21c LOCATION—City or Town, State: Calumet City, Illinois
22a EMBALMER'S NAME: John S. Pruzin, Jr.
22b EMBALMER'S LICENSE NO: 29600100
23 WAS DEATH REPORTED TO CORONER?: ☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): 8800057
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Solan Funeral Home FH83002893, 7109 Calumet Ave.,Hammond,In. 46324

FILED OCT 13 1999
PETER BENJAMIN LAKE COUNTY AUDITOR

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 CARCINOMA
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

CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT
OCT 13 1999
[signature] LAKE COUNTY HEALTH OFFICER

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I: Chronic Obstructive Pulmonary Disease
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
28a WAS 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: [signature]
29c MEDICAL LICENSE NO: 0103 1582
29d DATE SIGNED (Month Day Year): 10-11-99 OCTOBER 11, 1999
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Lyle R. Munn MD 4321 Fir St E. Chicago IN 46304

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander S. Williams MD
32 DATE FILED (Month Day Year): Oct 13, 1999

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: 00733
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.

Lots 34, 35 and the South 1/2 of Lot 36, in Block 69 in Unit 21 of Woodmar, Hammond, as per plat thereof, recorded in Plat Book 17, Page 24, in the Office of the Recorder of Lake County, Indiana.

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

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RECORDER'S OFFICE SEAL INDIANA