John Hovance
2606 Central Ave
Lake Station, In. 46405

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 0845-93 State No.

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

99 OCT 18 AM 9:17

MORRIS W. CARTER RECORDER

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

TYPE/PRINT IN PERMANENT BLACK INK

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DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	Andrew Stillmak
2. Sex	Male
3a. Time of Death	
3b. Date of Death (Month, Day, Yr)	April 12, 1993
4. Social Security Number	313-07-6387
5a. Age—Last Birthday (Years)	92
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth (Mo, Day, Yr)	June 8, 1900
7. Birthplace (City and State or Foreign Country)	Wilksbury, Penn.
8a. Was Decedent a U.S. Veteran?	No
8b. Year Last Served in U.S. Armed Forces?	None
9a. Place of Death (Check only one; See instructions)	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. Facility Name (If not institution, give street and number)	St. Mary Medical Center
9c. City, Town, or Location of Death	Hobart
9d. County of Death	Lake
10. Marital Status (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Julia Hamady
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Pump Tender
12b. Kind of Business/Industry	U.S. Steel
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	Lake Station
13d. Street and Number	2561 Fayette St.
13e. Zip Code	46405
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)	na
College (1-4 or 5+)	na

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	John Stillmak
19. Mother's Name (First, Middle, Maiden Surname)	Mary Luchak

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	Julia Stillmak
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2561 Fayette St. Lake Station, In.
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. Method of Disposition	☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place)	April 14, 1993 Calvary Cemetery
21c. Location—City or Town, State	Portage, Indiana
22a. Embalmer's Name	M. Chad Olmsted
22b. Embalmer's License No.	FD08800056
23. Was Death Reported to Coroner?	☒ No ☐ Yes
24a. Signature of Funeral Director	[signature]
24b. License Number (of Licensee)	FD08800224
25. Name, Address and License Number of Funeral Home	Engel Funeral Home FDH3007893 2700 Willowcreek Portage, In.

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. Cancer of Pancreas

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.
b. DUE TO (OR AS A CONSEQUENCE OF)
c. DUE TO (OR AS A CONSEQUENCE OF)
d. DUE TO (OR AS A CONSEQUENCE OF)

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

SEP 23 1999

PART II. Other significant conditions: Conditions contributing to death but not previously stated in Part I

[signature] LAKE COUNTY HEALTH COMMISSIONER

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)	No

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.

Field	Entry
29b. Signature and Title of Certifier	[signature]
29c. Medical License No.	01033465
29d. Date Signed (Month, Day, Year)	4/19/93
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	Dr. Mark Carter 295 Wisconsin Hobart, Indiana 46342

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	[signature] MD
32. Date Filed (Month, Day, Year)	April 22, 1993

CORONER USE ONLY

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.	

FILED

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OCT 13 1999

9:00 PM

PETER BENJAMIN
LAKE COUNTY AUDITOR

8-9178264799

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER PD I