

→ Garry Weiss, 6610 Key # 33-123-6
46410 Merrillville

* 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

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

Local No. 1029

DATE ISSUED: JAN 4, 2000
Garry Weiss, M.D.
Hammond Health Commission

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) ANDREW HIZSNYIK		2 SEX Male	3a TIME OF DEATH 4 P M	3b DATE OF DEATH (Month Day Yr) December 31, 1999									
4 *SOCIAL SECURITY NUMBER 306-01-8099	5a AGE—Last Birthday (Years) 87	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) November 15, 1912	7 BIRTHPLACE (City and State or Foreign Country) New York City, NY								
8a WAS DECEDENT A US VETERAN? No	8b YEAR LAST SERVED IN US ARMED FORCES? None	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		9b FACILITY NAME (If not institution, give street and number) St. Margaret Mercy, North Campus		9c CITY TOWN OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake						
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife give maiden name) None	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Instrument Technician		12b KIND OF BUSINESS/INDUSTRY ARCO									
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Hammond		13d STREET AND NUMBER 6713 Ridgeland Ave.,									
13e ZIP CODE 46324	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input 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 highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 8+) 270								
18 FATHER'S NAME (First Middle Last) Paul Hizsnyik			19 MOTHER'S NAME (First Middle Maiden Surname) Julia Lup										
20a INFORMANT'S NAME (Type/Print) Lorraine Jaspersen		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 3323-176th Place, Hammond, IN 46323			20c Relationship Niece								
21a METHOD OF DISPOSITION <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) January 5, 2000 Elmwood Cemetery		21c LOCATION—City or Town State Hammond, IN									
22a EMBALMERS NAME Henry J. Blake		22b EMBALMERS LICENSE NO F001019406		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert B. Lafayette</i>		24b LICENSE NUMBER (of Licensee) F001000857		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home, Inc., FH1540000 6955 Southeastern Ave., Hammond, IN 46324									
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a Acute myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) b Renal insufficiency DUE TO (OR AS A CONSEQUENCE OF) c Human tick infection DUE TO (OR AS A CONSEQUENCE OF) d Hypertrophy prostate 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 Leukemia		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	
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>Garry Weiss, M.D.</i>		29c MEDICAL LICENSE NO 01036969		29d DATE SIGNED (Month Day Year) January 4, 2000			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) B. Gandhi, MD, 2914 Highway Ave., Highland, IN 46322						31 HEALTH OFFICER'S SIGNATURE <i>Franklin S. Premuda, M.D.</i> FILED DATE FILED (Month Day Year) January 7, 2000							
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED FEB 24 2000					
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)		34f LOCATION (City or Town State) PETER BENJAMIN LAKE COUNTY AUDITOR											
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc				91469							