

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

State No.

Local No. 0248-06

268734
TYPE/PRINT
IN
PERMANENT
BLACK INK

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

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) JOHN BEREZANICH, JR.		2 SEX MALE		3a TIME OF DEATH 7:16A		3b DATE OF DEATH (Month Day Yr) JANUARY 24, 2000	
4 *SOCIAL SECURITY NUMBER 174-16-8790		5a AGE—Last Birthday (Years) 85		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) JULY 7, 1914		7 BIRTHPLACE (City and State or Foreign Country) PENNSYLVANIA					
8a WAS DECEDENT A US VETERAN? NO		8b YEAR LAST SERVED IN US ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution give street and number) 1837 CENTRAL AVENUE				9c CITY TOWN OR LOCATION OF DEATH WHITING		9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED		11 SURVIVING SPOUSE (If wife give maiden name) MARGARET PERESTA		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) PIPE FITTER		12b KIND OF BUSINESS/INDUSTRY LTV STEEL	
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY TOWN OR LOCATION WHITING		13d STREET AND NUMBER 1837 CENTRAL AVENUE	
13e ZIP CODE 46394		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		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 only highest grade completed) Elementary/Secondary (0-12) 6 College (1-4 or 5+)					
18 FATHER'S NAME (First Middle Last) JOHN BEREZANICH				19 MOTHER'S NAME (First Middle Maiden Surname) JULIA HOTRA			
20a INFORMANT'S NAME (Type/Print) MRS. MARGARET BEREZANICH				20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 1837 CENTRAL, WHITING, IN 46394		20c Relationship WIFE	
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 27, 2000 ST. MARY CEMETERY		21c LOCATION—City or Town State HAMMOND, INDIANA			
22a EMBALMER'S NAME MARTIN A. DYBEL		22b EMBALMER'S LICENSE NO FDE01019456		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Martin A. Dybel</i>		24b LICENSE NUMBER (of Licensee) FDE01019456		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394			
26 PART I Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory. THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF IMMEDIATE CAUSE WITH THE LAKE COUNTY HEALTH COMMISSIONER'S OFFICE. IMMEDIATE CAUSE OF DEATH (List only one cause on each line) myocardial insufficiency due to (or as a consequence of) coronary artery disease due to (or as a consequence of) hypertension due to (or as a consequence of) congestive heart failure Conditions if any which gave rise to the immediate cause stating the underlying cause last 28 2000 FILED							Approximate interval Between Onset and Death
PART II Other significant conditions, conditions contributing to death but not previously stated in Part I LAKE COUNTY HEALTH COMMISSIONER'S OFFICE				27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) N/A		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			
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN ETHEL BENJAMIN <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER		29b SIGNATURE AND TITLE OF CERTIFIER <i>Ethel Benjamin</i> LAKE COUNTY AUDITOR				29c MEDICAL LICENSE NO 01018389	
						29d DATE SIGNED (Month Day Year) JAN. 27, 2000	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) RONALD R. REED, M.D., 3641 RIDGE ROAD, HIGHLAND, INDIANA 46322							
31 HEALTH OFFICER'S SIGNATURE <i>Ronald R. Reed, MD</i>						32 DATE FILED (Month Day Year) January 28, 2000	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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		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) 1036	
34g DATE PRONOUNCED DEAD (Month Day Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc			