

INDIANA STATE BOARD OF HEALTH

Local No. ... 0937-92

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) Mike D. Puskar Sr.		2. SEX Male		3a. TIME OF DEATH 2:30A _M		3b. DATE OF DEATH (Month, Day, Yr) April 21, 1992	
4. SOCIAL SECURITY NUMBER 313-14-7282		5a. AGE—Last Birthday (Year) 72		5b. UNDER 1 YEAR Months: Days: Hours: Minutes:		5c. UNDER 1 DAY OCT 18, 1919	
6a. WAS DECEDENT A U.S. VETERAN? No		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		6c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) Methodist Hospital - Southlake				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Margaret Oprisko		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Worker		12b. KIND OF BUSINESS/INDUSTRY U.S. Steel	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Merrillville		13d. STREET AND NUMBER 5812 Taney Place	
13e. ZIP CODE 46410		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 degree or highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Mike Puskar			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Novakovich		20a. INFORMANT'S NAME (Type/Print) Margaret Puskar		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5812 Taney Pl., Merrillville, IN. 46410		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) APR 25 1992 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana			
22a. EMBALMER'S NAME David W. Semplinski		22b. EMBALMER'S LICENSE NO. FD08600686		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR Robert C. Wiatrolik		24b. LICENSE NUMBER (of Licensee) FD01001293		24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FD3004455 Stilivovich & Wiatrolik Funeral Home 7535 Taft, Merrillville, IN. 46410			
26. PART I. Enter the disease, 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: THIS COULD BE THE ABOVE IS A TRUE CAUSE OF DEATH AS A CONSEQUENCE OF... Cardio Respiratory arrest MIDDLE CAUSE: DUE TO (OR AS A CONSEQUENCE OF) ... Myocardial infarction FURTHER CAUSE: DUE TO (OR AS A CONSEQUENCE OF) ... Atherosclerosis APR 27 1992 MAY 16 2000 FILED APR 16 AM 10:57 SACRED WEST MORRIS							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Alcohol consumption				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM (Yes or no) PETER BENJAMIN LAKE COUNTY AUDITOR		28a. WAS AN AUTOPSY PERFORMED? 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"/> COUNTY 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 [Signature]		29c. MEDICAL LICENSE NO. 02000320	
29d. DATE SIGNED (Month, Day, Year) 4-24-92		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) Dr. Streeter 11905 E. PARK AVE MERRILLVILLE IN 46410				31. HEALTH OFFICER'S SIGNATURE [Signature]	
31. HEALTH OFFICER'S SIGNATURE		32. DATE FILED (Month, Day, Year) April 27, 1992		33. MANNER OF DEATH <input checked="" 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)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 01159 900 W					