Local No. 1627-92

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

STATE OF INDIANA LAKE COUNTY FILED JUL 29 AM 10:30

State No. 46-466-16

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Patricia J. Markovich
2. SEX: Female
3a. TIME OF DEATH: 11:45P
3b. DATE OF DEATH (Month, Day, Yr): July 23, 1992
4. SOCIAL SECURITY NUMBER: 315-52-6629
5a. AGE—Last Birthday (Years): 44
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): April 17, 1948
7. BIRTHPLACE (City and State or Foreign Country): Gary, IN.
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 [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] 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): Rudolf
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Manager
12b. KIND OF BUSINESS/INDUSTRY: Venture Department
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 3460 Connecticut Street
13e. ZIP CODE:
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM: [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] 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): 12; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Walter Palmer
19. MOTHER'S NAME (First, Middle, Maiden Surname): Helen Rudlovsky

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Rudolph J. Markovich
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code): 3460 Connecticut Street Gary, IN.
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): July 27, 1992 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, IN.
22a. EMBALMER'S NAME: David Semplinski
22b. EMBALMER'S LICENSE NO.: FD08600686
23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Robert C. Wiatrolik
24b. LICENSE NUMBER (of Licensee): FD0[illegible]
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FH3004455 Stilinovich & Wiatrolik 7535 Taft Merrillville, IN. 46410

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Adenocarcinoma metastatic to Abdomen with Gastric outlet obstruction — Approximate Interval Between Onset and Death: 1 yr

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):

AUG 10 1992

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: s/p chemotherapy, s/p radiation therapy, Obstruction

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.

29b. SIGNATURE AND TITLE OF CERTIFIER: [illegible] M.D.
29c. MEDICAL LICENSE NO.: 01035695B
29d. DATE SIGNED (Month, Day, Year):

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Sanghvi 125 E. 89th Merrillville, IN. 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE:
32. DATE FILED (Month, Day, Year): 7-29-92

CORONER USE ONLY

33. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY Ooccurred:
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.:

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

PM CASH 9.00

Official Stamp

STATE OF INDIANA
LAKE COUNTY
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2000 057911 2000 AUG 14 AM 10: 30

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Name RUDOLPH J HARKOVICH

Address 3460 CONNECTICUT ST.

City St Zip GARY, IN 46409

Telephone 219-887-5402

Signature Printed

Signature Written

Date of Signature

Check Number

Check Amount

CASH 9.00

Office Use Only

Check Equals Amount Due ☐ Yes ☐ No

Total

Initials