

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 0690-92

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Ilona Szabo		2. SEX Female	3a. TIME OF DEATH 10:45 AM	3b. DATE OF DEATH (Month, Day, Yr) March 24, 1992	
4. SOCIAL SECURITY NUMBER 311-58-3779	5a. AGE—Last Birthday (Year) 62	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) APR 13, 1929	
7. BIRTHPLACE (City and State or Foreign Country) Romania	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> NOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital - Southlake		9b. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Istvan Szabo	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housekeeper	12b. KIND OF BUSINESS/INDUSTRY Cleaning Service		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville	13d. STREET AND NUMBER 2257 W. 60th Drive		
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input 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 (0-12) <input checked="" type="checkbox"/> 7-8 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) N/A	19. MOTHER'S NAME (First, Middle, Maiden Surname) N/A		
20a. INFORMANT'S NAME (Type/Print) Istvan Szabo		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2257 W. 60th Dr. Merrillville, IN. 46410		20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) MAR 28, 1992 Calumet Park		21c. LOCATION—City or Town, State Merrillville, IN.	
22a. EMBALMER'S NAME David W. Semplinski		22b. EMBALMER'S LICENSE NO. FD08600686	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert Chwatutik</i>		24b. LICENSE NUMBER (of Licensee) FDE1001293	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH3004455 Stilnovich & Wistroluk Funeral Home 7535 Taft, Merrillville, IN. 46410		
26. PART I. THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.					
IMMEDIATE CAUSE OF DEATH (Type/Print) (Specify only immediate cause of death) Congestive Cardiomyopathy					
Conditions, if any, which gave rise to the immediate cause of death, stating the underlying cause(s) OCT 20 2000					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Diabetes Mellitus Pneumonia					
27. WAS DECEASED PREVIOUSLY PREGNANT OR 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 and belief, the cause(s) 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>Richard Buyer M.D.</i>		29c. MEDICAL LICENSE NO. 25233	29d. DATE SIGNED (Month, Day, Year) March 26, 1992		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Richard MD Dr. Buyer, 8895 Broadway, Merrillville In. 46410					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams, M.D.</i>				32. DATE FILED (Month, Day, Year) March 26, 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) 016			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

9.00 AC C.S.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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Telephone 219-980-8579

Signature Printed DORA SZABO

Signature Written Dora Szabo

Date of Signature 10-20-00

Check Number _____

Check Amount CASH \$9.00

Office Use Only

Check Equals Amount Due Yes No

Total 9.00

Initials AE