

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

16-27-361-11

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.

Local No. 1001-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) BARBARA LOU SZAKACS			2 SEX FEMALE		3a TIME OF DEATH 11:06 A		3b DATE OF DEATH (Month, Day, Yr.) JULY 26, 2001		
4 *SOCIAL SECURITY NUMBER 309-24-8317		5a AGE—Last Birthday (Years) 2002 73		5b UNDER 1 YEAR 015973		5c UNDER 1 DAY Hours Minute		6 DATE OF BIRTH (Mo Day Yr.) 2002 FEB 13 28, 1927	
7 BIRTHPLACE (City and State or Foreign Country) MERRIN, ILLINOIS		8a WAS DECEDENT A U.S. VETERAN? NO		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA MURKIN RECORDERS			
9b FACILITY NAME (If not institution, give street and number) ST. MARGARET MERCY- SOUTH					9c CITY, TOWN, OR LOCATION OF DEATH DYER			9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) ANDREW SZAKACS			12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SWITCHBOARD OPERATOR		12b KIND OF BUSINESS/INDUSTRY TELEPHONE		
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN, OR LOCATION HIGHLAND			13d STREET AND NUMBER 2635 40TH. PLACE		
13e ZIP CODE 46322		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? 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12					18 FATHER'S NAME (First Middle Last) ERNEST GOSHEN				
19 MOTHER'S NAME (First Middle Maiden Surname) GOLDIE ADAMS					20a INFORMANT'S NAME (Type/Print) ANDREW SZAKACS				
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2635 40TH. PL. HIGHLAND, IN. 46322					20c Relationship HUSBAND				
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) JULY 28, 2001 CHAPEL LAWN MEMORIAL GARDENS			21c LOCATION—City or Town, State SCHERERVILLE, INDIANA			
22a EMBALMER'S NAME SCOTT J. PREWITT			22b EMBALMER'S LICENSE NO FDO1006861			23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Scott J. Prewitt</i>			24b LICENSE NUMBER (of licensee) FDO1006015			25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME FH83003035 2828 HIGHWAY AVE HIGHLAND, IN 46322			
<p><b>FILED</b> This document is the property of the Lake County Recorder!</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) FEB 13 2002 Congestive Heart Failure Others above</p> <p>CONDITIONS, if any, which gave rise to the immediate cause: PETER BENJAMIN LAKE COUNTY AUDITOR</p> <p>THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT JUL 27 2001</p>									
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Chronic renal failure - diabetes mellitus - Chronic obstructive pulmonary disease</i>					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>Susan W. Butcher</i>					29c MEDICAL LICENSE NO. 02000262A			29d DATE SIGNED (Month, Day, Year) 7-27-01	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 2480 E. Southview, South Valley, IL 60041									
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Butcher</i>									
32 DATE FILED (Month, Day, Year) July 27, 2001									
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	
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.					

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