8

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

Local No. 2443-00 393077

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): John A. Nowak Jr.

2 SEX: Male

3a TIME OF DEATH: 11:25am

3b DATE OF DEATH (Month, Day, Yr.): December 20, 2000

4 *SOCIAL SECURITY NUMBER: 309 30 7120

5a AGE—Last Birthday (Years): 70

5b UNDER 1 YEAR Months / Days:

5c UNDER 1 DAY Hours / Minutes:

6 DATE OF BIRTH (Mo. Day. Yr.): Jan. 30, 1930

7 BIRTHPLACE (City and State or Foreign Country): Gary, Indiana

8a WAS DECEDENT A U.S. VETERAN? Yes

8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1952

9a PLACE OF DEATH (Check only one. See instructions.): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number): Methodist Southlake Campus

9c CITY, TOWN, OR LOCATION OF DEATH: Merrillville, IN

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Married

11 SURVIVING SPOUSE (If wife, give maiden name): Molly Dziewicki

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): US Steel Corp

12b KIND OF BUSINESS/INDUSTRY: Steelmill

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN, OR LOCATION: Merrillville

13d STREET AND NUMBER: 514 E 54th Ave.

13e ZIP CODE: 46410

13f INSIDE CITY LIMITS ☐ No ☒ Yes

13g ON A FARM? ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY? USA

15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ 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 years; College (1-4 or 5 +):

PARENTS

18 FATHER'S NAME (First, Middle, Last): John Nowak Sr.

19 MOTHER'S NAME (First, Middle, Maiden Surname): Cecelia Pietrzak

INFORMANT

20a INFORMANT'S NAME (Type/Print): Molly Nowak

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 514 E 54th Ave. Merrillville, IN 46410

20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Dec. 23, 2000 Calumet Park Cemetery

21c LOCATION—City or Town, State: Merrillville, IN 46410

22a EMBALMER'S NAME: Anthony S. Rendina Jr

22b EMBALMER'S LICENSE NO: FD01010402

23 WAS DEATH REPORTED TO CORONER? ☐ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Anthony S. Rendina Jr

24b LICENSE NUMBER (of Licensee): FD01010402

25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Rendina Funeral Home FH83010089 5100 Cleveland Gary, In. 46408

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. Vascular collapse — Approximate Interval Between Onset and Death: Unknown

DUE TO (OR AS A CONSEQUENCE OF):
b. Due to arteriosclerotic heart and vascular disease

DUE TO (OR AS A CONSEQUENCE OF):
c.

DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part 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):

CERTIFIER

29a CERTIFIER (Check only one): Deputy
☐ 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: Donna Melyon

29c MEDICAL LICENSE NO: N/A

29d DATE SIGNED (Month, Day, Year): December 21, 2000

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE:

32 DATE FILED (Month, Day, Year): December 21, 2000

33 MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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): December 20, 2000

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R5/1-99)