

05-06-0007-0019

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Medical No. 2234-02

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

TYPE/PRINT IN PERMANENT INK

DECEDENT

DECEASED

INFORMANT

DISPOSITION

USE OF

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) GERALD T. WANAK		2 SEX Male	3a TIME OF DEATH 10:50 AM	3b DATE OF DEATH (Month, Day, Yr.) June 8, 2002	
4 *SOCIAL SECURITY NUMBER 314-42-8143	5a AGE—Last Birthday (Years) 64	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) Dec. 14, 1937	
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a. WAS DECEDENT A U.S. VETERAN? Yes				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions)			
9b. FACILITY NAME (If not institution, give street and number) St. Anthony Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9d. COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Judith Davis	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heavy Equipment Operator	12b. KIND OF BUSINESS/INDUSTRY Local #150 Union		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Cedar Lake	13d. STREET AND NUMBER 11407 Wicker Ave.		
13e. ZIP CODE 46303	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 only highest grade completed)		17. DECEDENT'S EDUCATION (Specify only highest grade completed)			
Elementary/Secondary (0-12)		College (1-4 or 5 +) 12			
18. FATHER'S NAME (First, Middle, Last) Leo Wanak		19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Dragon			
20a. INFORMANT'S NAME (Type/Print) Judith Wanak		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11407 Wicker Ave., Cedar Lake, In., 46303	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) June 12, 2002 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME Edgar C. Gleim		22b. EMBALMER'S LICENSE NO. FDO 1016173	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Edgar C. Gleim</i>		24b. LICENSE NUMBER (of Licensee) FDO 1001081	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 19900008		
26. PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute leukemia		26. PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute leukemia			
26. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM PERFORMED? PETER BENJAMIN LAKE COUNTY AUDITOR			
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER		29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER			
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Steven W. Butts D.O.</i>		29c. MEDICAL LICENSE NO. 20104025 b	29d. DATE SIGNED (Month, Day, Year) 6-10-02		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IC 16-37-1-10) J. JANO, M.D., 7905 CALUMET AVE., MUNSTER, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Steven W. Butts D.O.</i>		32. DATE FILED (Month, Day, Year) 7/1/02			
33. MANNER OF DEATH <input 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 OR WHY OF OCCURRENCE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
34a. 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) 11407 Wicker Ave. Cedar Lake, IN 46303			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. NO			

