

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 0140-94

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

Unit #12
Key #14-112-22
Pheasant Hills Add
Unit #1 All kot 22 Block 5

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last)
Frank M. Nemanich

2 SEX
Male

3a TIME OF DEATH
8:45 p m

3b DATE OF DEATH (Month, Day, Yr)
January 15, 1994

4 *SOCIAL SECURITY NUMBER
319 36 9816

5a AGE—Last Birthday (Years)
50

5b UNDER 1 YEAR
Months Days

5c UNDER 1 DAY
Hours Minutes

6 DATE OF BIRTH (Mo, Day, Yr)
Feb. 10, 1943

7 BIRTHPLACE (City and State or Foreign Country)
Chicago, Illinois

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 Inpatient Outpatient DOA
OTHER Nursing Home Other (Specify) Residence

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 (Specify)
Married

11 SURVIVING SPOUSE (if wife, give maiden name)
Carolyn Fischer

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)
Auto Parts Clerk

12b KIND OF BUSINESS/INDUSTRY
Major Motors

13a RESIDENCE—STATE
Indiana

13b COUNTY
Lake

13c CITY, TOWN OR LOCATION
Dyer

13d STREET AND NUMBER
537 Aspen Drive

13e ZIP CODE
46311

13f INSIDE CITY LIMITS No Yes

13g ON A FARM? No Yes

14 CITIZEN OF WHAT COUNTRY?
U.S.A.

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 College (1-4 or 5+) 12

18 FATHER'S NAME (First, Middle, Last)
Frank Nemanich

19 MOTHER'S NAME (First, Middle, Maiden Surname)
Sophie Goldbic

20a INFORMANT'S NAME (Type/Print)
Carolyn Nemanich

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
537 Aspen Drive, Dyer, Indiana 46311

20c Relationship
Wife

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

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)
January 19, 1994
St. Mary Cemetery

21c LOCATION—City or Town, State
Evergreen Park, Illinois

22a EMBALMER'S NAME:
James Porras

22b EMBALMER'S LICENSE NO.
1045964

23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR
Thomas J. Burns

24b LICENSE NUMBER (of Licensee)
1045184

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Burns-Kish Funeral Home #3002819
5840 Hohman Ave/Thorndridge F.H.
Hammond, Ind./Dolton, Ill.

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)
Acute myocardial infarction
DUE TO (OR AS A CONSEQUENCE OF)
AS EVD
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last
JAN 19 1994
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)

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
Richard W. ...

29c MEDICAL LICENSE NO.
36-42573

29d DATE SIGNED (Month, Day, Year)
January 17, 1994

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Dr. R. Kijowski, 1600 Torrence Ave, Calumet City, Illinois

31 HEALTH OFFICER'S SIGNATURE
Alejandro B. ...

32 DATE FILED (Month, Day, Year)
Jan 19, 1994

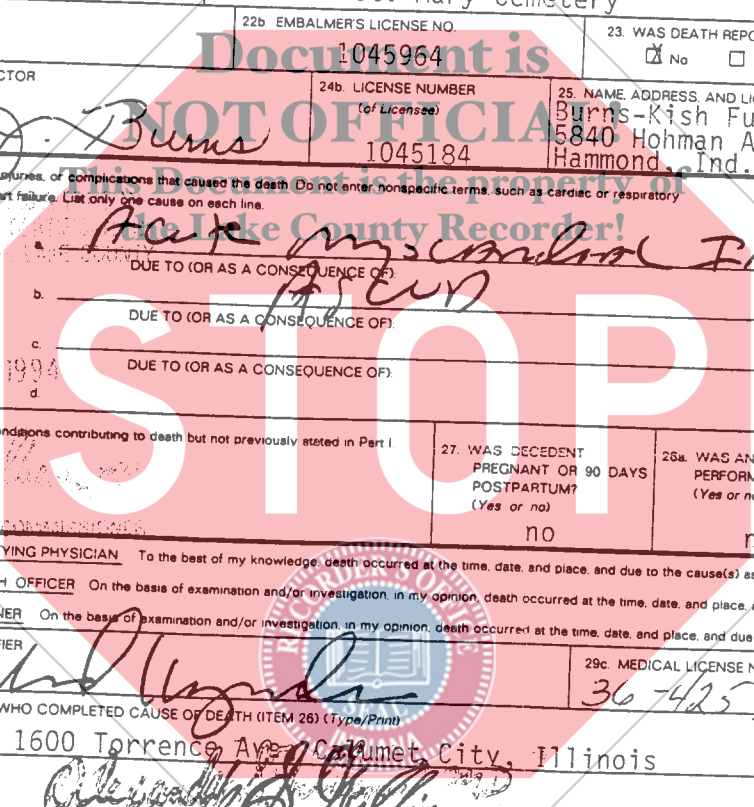
33 MANNER OF DEATH
 Natural Pending Investigation Accident Suicide Could not be Determined Homicide

34a DATE OF INJURY
34b TIME OF INJURY
34c INJURY AT WORK? (Yes or no)

34d DESCRIBE HOW INJURY OCCURRED
FILED
OCT 24 2002

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)
PETER BENJAMIN
LAKE COUNTY AUDITOR

34g DATE PRONOUNCED DEAD (Month, Day, Year)
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify date and time of accident.



Approximate Interval Between Onset and Death

PETER BENJAMIN
LAKE COUNTY AUDITOR

9:00
A.M.
cash