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. 1350-02

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

2002 102565

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	JOSEPH G. GASPER
2. Sex	MALE
3a. Time of Death	12:30A M
3b. Date of Death (Month, Day, Yr.)	AUGUST 8, 2002
4. *Social Security Number	106-16-9673
5a. Age—Last Birthday (Years)	84
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Month, Day, Yr.)	MARCH 14, 1918
7. Birthplace (City and State or Foreign Country)	WHITING, INDIANA
8a. Was Decedent a U.S. Veteran?	YES
8b. Year Last Served in U.S. Armed Forces?	1945
9a. Place of Death (Check only one. See instructions)	Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☒ Nursing Home ☐ Residence ☐ Other (Specify)
9b. Facility Name (If not institution, give street and number)	DYER NURSING HOME
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)	MAGDALENE ZIVICH
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	PAINTER
12b. Kind of Business/Industry	AMOCO OIL
13a. Residence—State	INDIANA
13b. County	LAKE
13c. City, Town, or Location	HIGHLAND
13d. Street and Number	9944 WILDWOOD LANE
13e. Zip Code	46322
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? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. Race—American Indian, Black, White, etc. (Specify)	WHITE
17. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12th

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	JOHN GASPER
19. Mother's Name (First, Middle, Maiden Surname)	MARGARET KITKA

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	MAGDALENE GASPER
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	9944 WILDWOOD LANE, HIGHLAND, IN. 46322
20c. Relationship	WIFE

DISPOSITION

Field	Entry
21a. Method of Disposition	☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place)	AUGUST 10, 2002 CHAPEL LAWN MEMORIAL GARDENS
21c. Location—City or Town, State	SCHERERVILLE, INDIANA
22a. Embalmer's Name	DEAN G. WAGNER
22b. Embalmer's License No.	8800057
23. Was Death Reported to Coroner?	☒ No ☐ Yes
24a. Signature of Funeral Director	[signature]
24b. License Number (of Licensee)	1007231
25. Name, Address, and License Number of Funeral Home	SOLAN-PRUZIN FUNERAL HOME FH10200037 14 KENNEDY AVE., SCHERERVILLE, IN. 46375

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Atherosclerotic heart disease

b. DUE TO (OR AS A CONSEQUENCE OF)

c. DUE TO (OR AS A CONSEQUENCE OF)

d. DUE TO (OR AS A CONSEQUENCE OF)

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: Diabetes mellitus, Hypertension, Dementia

Field	Entry
27. Was Decedent Pregnant or 90 Days Postpartum? (Yes or no)	no
28a. Autopsy Performed (Yes or no)	no
28b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or no)	n/a

CERTIFIER

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.

Field	Entry
29b. Signature and Title of Certifier	J. Paik, M.D.
29c. Medical License No.	30770
29d. Date Signed (Month, Day, Year)	AUGUST 9, 2002
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	JAY C. PAIK, M.D. 800 MacARTHUR BLVD., SUITE 15, MUNSTER, IN. 46321 836-6411

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	[signature]
32. Date Filed (Month, Day, Year)	August 13, 2002

Field	Entry
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)	
34h. Motor Vehicle Accident? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.	

000658

T: S.O. (6)-27-636-33

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2002 NOV 12 AM 8:51 MORRIS W. CARTER RECORDER

THIS CERTIFIES THE ABOVE SIGNATURE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. AUG 13 2002

FILED NOV 8 2002 PETER BENJAMIN LAKE COUNTY AUDITOR

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

RECORDER'S OFFICE LAKE COUNTY INDIANA SEAL

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