2 2003559 BT

CHICAGO TITLE INSURANCE COMPANY

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. 1539-99

9623

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ①

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First, Middle, Last)	JOHN F. PATAKY
2 SEX	MALE
3a TIME OF DEATH	2:17A M
3b DATE OF DEATH (Month Day Yr)	JUNE 25, 1999
4 *SOCIAL SECURITY NUMBER	313-01-7567A
5a AGE—Last Birthday (Years)	83
5b UNDER 1 YEAR (Months / Days)	
5c UNDER 1 DAY (Hours / Minutes)	
6 DATE OF BIRTH (Mo. Day Yr)	APR. 2, 1916
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: XX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b FACILITY NAME (If not institution, give street and number)	ST. MARY MEDICAL CENTER
9c CITY, TOWN OR LOCATION OF DEATH	HOBART
9d COUNTY OF DEATH	LAKE
10 MARITAL STATUS (Specify)	NEVER MARRIED/
11 SURVIVING SPOUSE (If wife, give maiden name)	NONE
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	FIREMAN
12b KIND OF BUSINESS/INDUSTRY	CITY OF WHITING
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN OR LOCATION	WHITING
13d STREET AND NUMBER	2433 SCHRAGE AVENUE
13e ZIP CODE	46394
13f INSIDE CITY LIMITS	☐ No XX Yes
13g ON A FARM?	XX No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	XX No ☐ Yes
16 RACE—American Indian, Black, White, etc. (Specify)	WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

Field	Entry
18 FATHER'S NAME (First, Middle, Last)	JOHN PATAKY
19 MOTHER'S NAME (First, Middle, Maiden Surname)	ANNA ZAKUTNY

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	MRS. MARGARET STANISZEWSKI/
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3932 BUTTERNUT/ E. CHICAGO, IN 46312
20c Relationship	SISTER

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	XX Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	JUNE 28, 1999 ST. JOHN CEMETERY
21c LOCATION—City or Town, State	HAMMOND, INDIANA
22a EMBALMER'S NAME	MARTIN A. DYBEL
22b EMBALMER'S LICENSE NO.	FDE01019456
23 WAS DEATH REPORTED TO CORONER?	XX No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b LICENSE NUMBER (of Licensee)	FDE01019456
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394

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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. Pneumonia, Respiratory Failure Acute

DUE TO (OR AS A CONSEQUENCE OF)

b. Coronary Heart Disease, CHF

DUE TO (OR AS A CONSEQUENCE OF)

c. Fracture Left Hip Recent

DUE TO (OR AS A CONSEQUENCE OF)

d. Old Cerebral Infarction, Dementia

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: Has Permanent Cardiac Pacemaker - Feeding PEG Tube, Sepsis

Field	Entry
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	N/A
28a WAS AN AUTOPSY PERFORMED? (Yes or no)	
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	N/A

FILED OCT 6 2003 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

CERTIFIER

29a CERTIFIER (Check only one)

XX 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) as stated.

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c MEDICAL LICENSE NO.	01026118
29d DATE SIGNED (Month Day Year)	JUNE 28, 1999
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	RODOLFO L. JAO, M.D., 1400 S. LAKE PARK AVE., HOBART, INDIANA 46342

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Alexander S. Williams MD
32 DATE FILED (Month Day Year)	7/1/1999

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE 000447 SEP 29 2003

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.	

9 50

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

2003559BT

Lot 70 Forsyth's terminal subdivision , in the City of Whiting,as per plate thereof, Recorded in Plat Book 5, Page 5 in the Office of Recorder of lake County, Indiana