

* 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

State No.

Local No. 1137-01

21et
122016

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

| | | | | | |
|--|---|--|---|---|-----------------------------------|
| 1 DECEASED—NAME (First, Middle, Last) ALBERT GEORGE LABA, JR. | | 2 SEX Male | 3a TIME OF DEATH 9:56 AM | 3b DATE OF DEATH (Month, Day, Yr) December 4, 2001 | |
| 4. SOCIAL SECURITY NUMBER 322-05-8240 | 5a AGE—Last Birthday (Years) 84 | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo, Day, Yr) August 7, 1917 | |
| 7. BIRTHPLACE (City and State or Foreign Country) Chicago IL | 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 <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA | | | |
| 9b. OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) | | <input type="checkbox"/> Residence | | | |
| 9c. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake | | 9d. CITY, TOWN, OR LOCATION OF DEATH Merrillville | 9e. COUNTY OF DEATH Lake | | |
| 10. MARITAL STATUS (Specify) Married | 11. SURVIVING SPOUSE (If wife, give maiden name) Sophie Kozub | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright | 12b. KIND OF BUSINESS/INDUSTRY Steel | | |
| 13a. RESIDENCE—STATE IN | 13b. COUNTY Lake | 13c. CITY, TOWN, OR LOCATION Lake Station | 13d. STREET AND NUMBER 3693 Nevada Street | | |
| 13e. ZIP CODE 46405 | 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) 11 College (1-4 or 5 +) | | | |
| 18. FATHER'S NAME (First, Middle, Last) Albert Laba, Sr. | | 19. MOTHER'S NAME (First, Middle, Maiden Surname) Magdeline Kasprzak | | | |
| 20a. INFORMANT'S NAME (Type/Print) Sophie Laba | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3693 Nevada Street, Lake Station, IN 46405 | 20c. Relationship Wife | | |
| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) Dec 7, 2001 Calvary Cemetery | | 21c. LOCATION—City or Town, State Portage IN | |
| 22a. EMBALMER'S NAME James J. Krause | | 22b. EMBALMER'S LICENSE NO. FDO1006463 | | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i> | | 24b. LICENSE NUMBER (of Licensee) FDO1006463 | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488 | | |
| 26. PART I Enter the disease, injury, 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. HEART ARRHYTHMIA BY ARREST CONGESTIVE HEART FAILURE & ARRHYTHMIA & CANCER OF THE STOMACH. | | | | | |
| 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) No | | |
| 29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Zabaneh M.D.</i> | | 29c. MEDICAL LICENSE NO. 01033620 | 29d. DATE SIGNED (Month, Day, Year) 12/10/01 | | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ibrahim G. Zabaneh MD 1400 S. Lake Park Avenue, Hobart, IN 46342 | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Ibrahim G. Zabaneh</i> | | | | 32. DATE FILED (Month, Day, Year) December 10, 2001 | |
| 33. MANNER OF DEATH <input checked="" 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 | | 33a. DATE OF INJURY (Month, Day, Year) 12/04/01 | 33b. TIME OF INJURY 5:00 | 33c. INJURY AT WORK? (Yes or no) | 33d. DESCRIBE HOW INJURY OCCURRED |
| 34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) | | 34b. 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. | | | |