

044503130DA

Key No. 17-237-13 (27)

Tax mailing address:  
221 N. Rush Ct  
Hobart, IN 46342

ATTENTION ESTATE: Disclosure of the  
# we need to pursue our responsibilities  
voluntary and there will be no penalty for  
fusal.\*

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. 028320

Local No. 1813-99  
00435

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

FORMANT

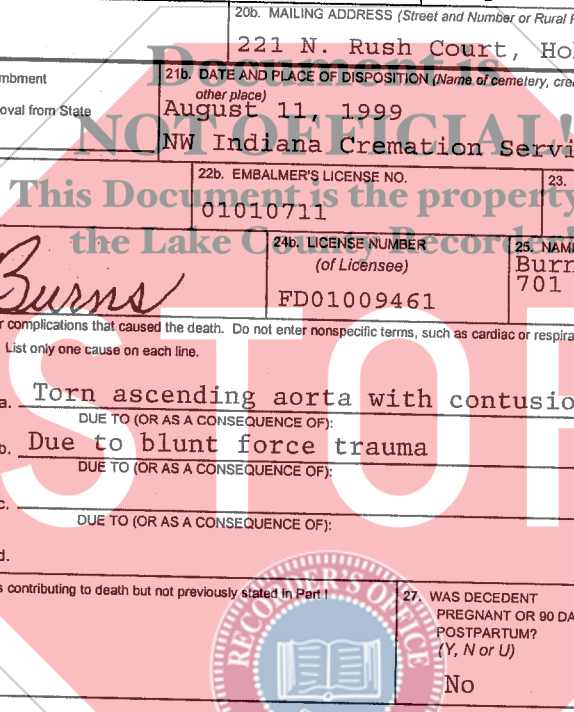
POSITION

CAUSE OF  
DEATH

CERTIFIER

ALTH  
FICER

1. DECEASED - NAME (First, Middle, Last) George S. Jadrnak		2. SEX Male		3a. TIME OF DEATH 5:03 PM		3b. DATE OF DEATH (Month, Day, Yr.) August 6, 1999	
4. *SOCIAL SECURITY NUMBER 312-38-4105		5a. AGE - Last Birthday (Years) 58		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo., Day, Yr.) September 09, 1940		7. BIRTHPLACE (City and State or Foreign Country) Gary Indiana					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		PLACE OF DEATH (Check only one - See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) Accident Scene			
9b. FACILITY NAME (If not institution, give street and number) 4950 E. 109th Avenue,				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) Alma Ruth Lavender		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Steelworker		12b. KIND OF BUSINESS/INDUSTRY U.S. Steel Gary	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Hobart		13d. STREET AND NUMBER 221 N. Rush Court	
13e. ZIP CODE 46342		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input 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) Elementary/Secondary (0-12) 12 College (1-4 or 5+) N/A		18. FATHER'S NAME (First, Middle, Last) Stephen Jadrnak			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Maczak		20a. INFORMANT'S NAME (Type/Print) Alma Ruth Jadrnak					
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 221 N. Rush Court, Hobart, IN 46342		20c. Relationship Wife					
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) August 11, 1999 NW Indiana Cremation Service		21c. LOCATION - City or Town, State Crown Point, Indiana			
22a. EMBALMER'S NAME Gordon L. Jones		22b. EMBALMER'S LICENSE NO. 01010711		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James T. Burns</i>		24b. LICENSE NUMBER (of Licensee) FD01009461		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342-			
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) a. <u>Torn ascending aorta with contusion of chest</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>Due to blunt force trauma</u> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____  Conditions, if any, which gave rise to the immediate cause stating the underlying cause last		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a. CERTIFIER (Check only one) <input 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 checked="" 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>Deputy</i>		29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) August 9, 1999	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307		31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>		32. DATE FILED (Month, Day, Year) August 9, 1999			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" 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) August 9, 1999		34b. TIME OF INJURY Unknown		34c. INJURY AT WORK? (Yes or no) No	
34d. DESCRIBE HOW INJURY OCCURRED Automobile Accident		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Street		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4950 E. 109th Avenue Crown Point, IN			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) August 6, 1999		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. Yes. Driver of automobile.					



2005 JAN 7  
 MICHAEL  
 RECORDED  
 FILED FOR  
 STATE OF INDIANA  
 DATE OF DEATH  
 08/06/99

Stewart Title Services  
 of Northwest Indiana  
 The Pointe  
 5521 W. Lincoln Hwy.  
 Crown Point, IN 46307



FILED

JAN 7 2005

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

OCT - 5 2004



9-  
ZP  
STS

CERTIFICATE  
State Form 26217 (R/2-92)

58722

Not valid unless machine signed with multi-colored ribbon.  
It is unlawful to reproduce this record.

000325