

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. 1026-03

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

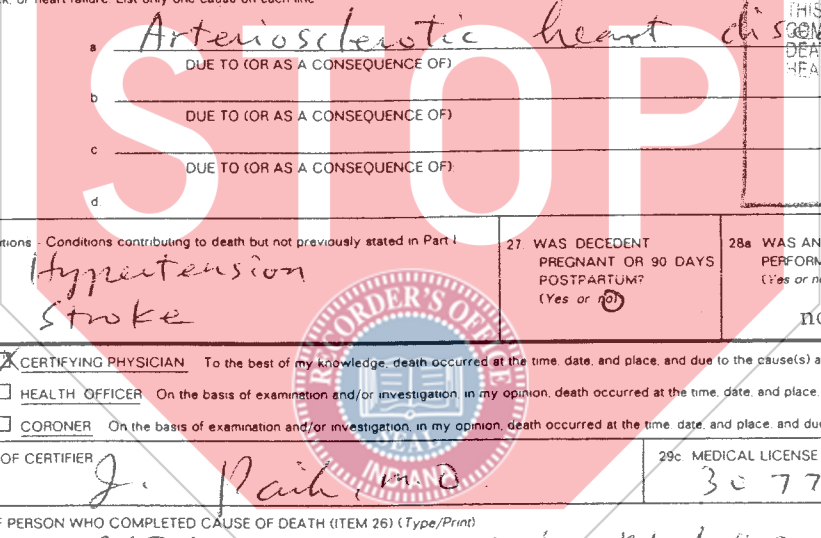
CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) ROBERT F. BROCK		2 SEX MALE	3a TIME OF DEATH 1:40 P M	3b DATE OF DEATH (Month, Day, Yr) APRIL 20, 2003	
4 *SOCIAL SECURITY NUMBER 328-14-4747	5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) APRIL 13, 1922	
7 BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS		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 OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) HARTSFIELD VILLAGE		9c CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d COUNTY OF DEATH LAKE		
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) MARY SUE GRENNAN	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TEACHER		12b KIND OF BUSINESS/INDUSTRY HAMMOND HIGH SCHOOL	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN, OR LOCATION HIGHLAND	13d STREET AND NUMBER 2740 GEORGETOWN DRIVE		
13e ZIP CODE 46322	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	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 6			
18 FATHER'S NAME (First, Middle, Last) FRANK BROCHOCKI		19 MOTHER'S NAME (First, Middle, Maiden Surname) ANNA HAVLICEK			
20a INFORMANT'S NAME (Type/Print) MARY SUE BROCK		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2740 GEORGETOWN DR., HIGHLAND, IN. 46322	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) APRIL 24, 2003 CHAPEL LAWN MEMORIAL GARDENS		21c LOCATION (City or Town, State) SCHERERVILLE, INDIANA	
22a EMBALMER'S NAME JOHN S. PRUZIN		22b EMBALMER'S LICENSE NO. 29600100	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>		24b LICENSE NUMBER (of Licensee) 8800057	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME SOLAN-PRUZIN FUNERAL HOME 883002893 7109 CALUMET AVE., HAMMOND, IN. 46324		
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. Arteriosclerotic heart disease		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
IMMEDIATE CAUSE (Final disease or condition resulting in death) a Arteriosclerotic heart disease b Stroke c d		28a WAS AN AUTOPSY PERFORMED? NO			
Conditions if any, which gave rise to the immediate cause, stating the underlying cause last		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NA			
PART II Other significant conditions. Conditions contributing to death but not previously stated in Part I Hypertension		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>J. Paik, M.D.</i>		29c MEDICAL LICENSE NO. 30770	29d DATE SIGNED (Month, Day, Year) APRIL 22, 2003		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) JAY C. L. PAIK, M.D. 800 MacArthur Blvd. #15, Munster, IN 46327					
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>				32 DATE FILED (Month, Day, Year) April 23, 2003	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) MAR 29 2005	34b TIME OF INJURY FILED	34c INJURY AT WORK? (Yes or No)	34d DESCRIBE HOW INJURY OCCURRED 002031
34e PLACE OF INJURY—At home, farm, street, building, etc. (Specify) LAKE COUNTY AUDITOR		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE (Type of vehicle, if yes, specify driver, passenger, pedestrian, etc.)			

30 Key 16-27-0628-0077

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Interval Between Death and Report: 25 2003

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

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