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**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

Local No. D060-97 43454

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

1. DECEASED—NAME (First, Middle, Last): Spiro G. Maroules
2. SEX: Male
3a. TIME OF DEATH: 10:35P M
3b. DATE OF DEATH (Month, Day, Yr.): January 27, 1997
4. *SOCIAL SECURITY NUMBER: 315-28-1478
5a. AGE—Last Birthday (Years): 64
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day. Yr): September 28, 1932
7. BIRTHPLACE (City and State or Foreign Country): Gary, IN.
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1955
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL ☐ 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: 45 Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Dorothy Demo
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Elementary School Teacher
12b. KIND OF BUSINESS/INDUSTRY: Lake School City of Station
13a. RESIDENCE—STATE: IN.
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hobart
13d. STREET AND NUMBER: 3725 E. 33rd Lane
13e. ZIP CODE: 46342
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? ☒ No ☐ 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+): 5+

**PARENTS**

18. FATHER'S NAME (First, Middle, Last): Gust Maroules
19. MOTHER'S NAME (First, Middle, Maiden Surname): Athena Macrostamitis

**INFORMANT**

20a. INFORMANT'S NAME (Type/Print): Dorothy Maroules
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3725 E. 33rd Lane Hobart, IN. 46342
20c. Relationship: Wife

**DISPOSITION**

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 31, 1997 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, IN.
22a. EMBALMER'S NAME: Leonard Gregorczyk
22b. EMBALMER'S LICENSE NO.: FD08800305
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Robert C. Wiatrolik
24b. LICENSE NUMBER (of Licensee): FD01001293
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Stilinovich & Wiatrolik 7535 Taft St. Merrillville, IN. 46410 FH83004455

**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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. myocardial infarction

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

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

**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.

29b. SIGNATURE AND TITLE OF CERTIFIER: M Hon Gasparis
29c. MEDICAL LICENSE NO.:
29d. DATE SIGNED (Month, Day, Year):
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Gasparis 1400 S. Lake Park #rd Floor Suite 301 Hobart, IN. 947-6045

**HEALTH OFFICER**

Alexander D. Williams, M.D.

31. DATE FILED (Month, Day, Year): JAN 28 1997

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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.:

THIS CERTIFIES THAT THIS IS A TRUE AND EXACT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

FEB 0 4 1997

Alexander D. Williams, M.D.
LAKE COUNTY HEALTH COMMISSIONER

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

Dorothy Maroules 3725 E. 33rd Ln Hobart 46342

#42-18-0340-0003

#241887 + #241845

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP
FILED JUN - 9 2005 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR
I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE COPY OF THE ORIGINAL RECORD
LAKE COUNTY, INDIANA