

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 262

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) FRANK J. STASIK		2. SEX Male	3a. TIME OF DEATH 8.15am	3b. DATE OF DEATH (Month, Day, Year) September 14, 1993
4. SOCIAL SECURITY NUMBER 316-14-8948	5a. AGE—Last Birthday (Years) 70	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) May 19, 1923
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? WWII u/a		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) St. Catherine Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Velma Ragland	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Research		12b. KIND OF BUSINESS/INDUSTRY Amoco Oil Industry
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Whiting	13d. STREET AND NUMBER 2121 Indianapolis Blvd.	
13e. ZIP CODE 46394	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) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2006 0120933		18. FATHER'S NAME (First, Middle, Last) Andrew Stasik		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Zondor		20a. INFORMANT'S NAME (Type/Print) Mrs. Velma Stasik		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2121 Indianapolis Blvd. Whiting, IN		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) September 17, 1993 St. John Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana
22a. EMBALMER'S NAME Jose G. Corona		22b. EMBALMER'S LICENSE NO. 08601373		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jose G. Corona</i>		24b. LICENSE NUMBER (of Licensee) 08601373		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME RUZICH FUNERAL HOME #88020724 2031 Indianapolis Blvd. Whiting, IN 46394
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. Myocardial infarction DUE TO (OR AS A CONSEQUENCE OF): a. Myocardial infarction b. Myocardial infarction c. Myocardial infarction d. Myocardial infarction				
IMMEDIATE CAUSE (Final disease or condition resulting in death) 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 specifically stated in Part I. Arteriosclerotic heart disease & arteriosclerosis				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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)
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>Steen M.D.</i>			29c. MEDICAL LICENSE NO. 0105522	29d. DATE SIGNED (Month, Day, Year) Sept. 14, 1993
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Steen M.D., 3641 Ridge Road, Highland Indiana 46322				
31. HEALTH OFFICER'S SIGNATURE <i>Steen M.D.</i>				32. DATE FILED (Month, Day, Year) 9-16-93
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)	34b. TIME OF INJURY	34c. INJURY (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED 003216		34e. PLACE OF INJURY—At home, farm, street, city, office building, etc. (Specify) FEB 14 2006		
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) REGGY HOLINGA-KATONA LAKE COUNTY AUDITOR				

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

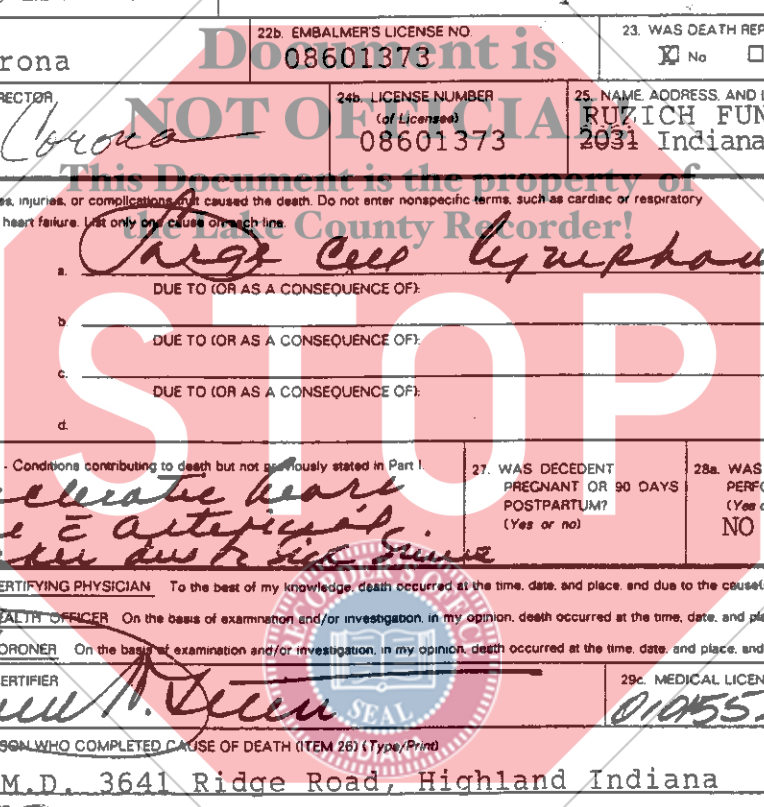
CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



28-29-0070-0024 Davidson's N.Y. Ave. Add lot 23 Block 2



2006 0120933
FEB 14 2006
LAKE COUNTY RECORDER
APPROXIMATE TIME OF DEATH
9:25 AM
9/14/93

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.





Signature of Declarant

Matthew Stasik

Printed Name of Declarant