ry and	ESTATE: Disclosure of the pursue our responsibilitied there will be no penalty for the pursue of the	es	INDIANA	STATE DE	PARTI	IENT	OF HI				
) !	112003			CERTIFICA	ATE OF	DEATH	1	State	No	• • • • • • • • • • • • • • • • • • • •	•••••
	THE RECORDS IN THIS SE	RIES A	RE CONFIDENTIAL PE	R IC 16-1, 19-3						* -	
RINT	1. DECEASED - NAME (First,	Middle, L	ast)			2. SEX		3a. TIME OF DEATH	3b. DATE OF	DEATH(Month,	Day, Yr.)
	JOHN			MEZNAR	ICK	Male		12:40 AM	April	18. 2	005
ENT	4. *SOCIAL SECURITY NUM	BER	5a. AGE - Last Birthday	5b. UNDER 1 YEAR	5c. UNDER 1		DATE OF BIR	TH(Mo., Day, Yr.)	7. BIRTHPLACE		
INK			(Years)	Months Days	Hours	Minutes			GARY		
	316-22-9506		77		1			r03,1927	Indiana	1	
	8a. WAS DECEDENT A U.S. VETERAN?	8b. 1	YEAR LAST SERVED IN U.S. ARMED FORCES?			PLACE OF		heck only one See			
	A contract of the contract of			HOSPITAL: Inpat	tient		OTHER	Nursing Hame	Other (Specify)		<i>t</i>
	Yes		1948	☐ ER/C	Outpatient			Residence			
	96. FACILITY NAME (If not ins	stitution,	give street and number)			9c. CITY, TOV	VN, OR LOCAT	ION OF DEATH	9d. COUNTY	OF DEATH	
NT	MEMILOD TOWN HOO	D.T.M.	7. T			меррт	LLVILL	T.	Lake		
	METHODIST HOS				l.o. =====					I IONES ANTO	IOTOV
	10. MARITAL STATUS (Specify)		URVIVING SPOUSE vife, pive maiden name)		12a. DECEDE done du	NT'S USUAL OF ring most of wor	CCUPATION (G	ive kind of work of use retired.)	12b. KIND OF B	USINESS/INDI	JOIKT
	Married		RILYN KOBA	LSKI		TER & I			CONSTR	UCTION	•
	13a. RESIDENCE - STATE	13b. C	COUNTY	13c. CITY, TOWN OR LO	CATION	100	13d.	STREET AND NUMB	ER		
	T-4:	T -1		CDOME DOT	ATTT			מים אים	DOOK CT		
المناهدان	Indiana	Lak		CROWN POI				235 WESTE			
	13e. ZIP CODE 13f. INSIDE CI		WALL COLUMN	15.WAS DECEDENT OF	HISPANIC ORIG Yes ^{(If}) 'es, spi	IN? acifu Cuhan	16. RACE-	American Indian,		CEDENT'S EDI ly highest grade	
	☐ No	Zi Yes	WHAT COUNTRY	1		ony coodin	(Specify)		Elementary/Second		·
	13g. ON A FAR	M?		Mexican, Puerto	Rican, etc.)				Elementary/Second	iary (U-12)	College (1-+ w
	46307 ⊠ No I	□ Yes	USA				White	3		12	
	18. FATHER'S NAME (First, Middle, L					19. MOTHER	S NAME (First, Middle, Maide	n Surname)		
s \	IVAN MEZNARI	CK				STEFA	NTA 5	LATER			
-4	20a. INFORMANT'S NAME (Type			205 MAIL INC	ADDRESS /St		·	Number, City or Town	State 7in Code)	20c. Rela	tionehin
ANT			ĸ		1.0			WN POINT		Wif	•
1	21a. METHOD OF DISPOSITION	Пе	ntombment	21b. DATE AND PLACE	OF DISPOSITIO	N (Name of cen	netery, cremato	ry, or 2	c. LOCATION - Cit	y or Town, Stat	8
		- 1	niomomera	other place)		. *	•••	· I		•	
5											
5	☑ Burial ☐ Cremation	□R	temoval from State	April 21,	2005			r.	N		
8		_	lemoval from State	April 21,		eterv		1	N (easilly	ille.	Indian
5	☑ Burlal ☐ Cremation	_	temoval from State		ark Cem	etery	23. WA	DEATH REPORTED	Newsilly	ille,	Indian
Noit	Burial Cremation Donation Other (Special 22a. EMBALMER'S NAME	_	temoval from State	April 21, Calumet Pa	ark Cem	etery		DEATH REPORTED	TO CORONER?	ille,	Indian
SOTION SOL	Burial Cremation Donation Other (Special 22a. EMBALMER'S NAME	fy)		April 21, Calumet Pa	ark Cem	etery t is			TO CORONER?	ille,	Indiar
- 901 SOT	Burlal Cremation Donation Other (Special 22a. EMBALMER'S NAME	JRNS		April 21, Calumet Pa 22b. EMBALMER'S 1013890	Ark Cents No.	tis	25. NAME, A	DEATH REPORTED No Yes DERESS, AND LICENS	TO CORONER?		Indiar
0	Burlal Cremation Donation Other (Special Properties) Case EMBALMER'S NAME TERRENCE P. BU 243 SIGNATURE OF FUNERAL DI	JRNS		April 21, Calumet Pa 22b. EMBALMER'S 1013890	ark Censulons No.	tis	25. NAME, A	DEATH REPORTED No Yes	TO CORONER?	NERAL HOME	
13-90-501	Burlal Cremation Donation Other (Special Properties) Case EMBALMER'S NAME TERRENCE P. BU 243 SIGNATURE OF FUNERAL DI	JRNS		April 21, Calumet Pa 22b. EMBALMERS 1013890 24b. t	ark Cem s LICENSE NO. ICENSE NUMBE (of Licensee)	t is	25. NAME, A	DORESS, AND LICEN	TO COBONER? SE NUMBER OF FU HOME	NERAL HOME FH8	300244
0	Burlal Cremation Onnation Other (Special 22a. EMBALMER'S NAME TERRENCE P. BU 24a. STISTINITURE OF FUNERAL DI Company of the co	JRNS	Burns	April 21, Calumet Pa 22b. EMBALMERS 1013890 24b. t FD	ark Cem slicense no. ICENSE NUMBE (of Licensee) 0100946	t is	25. NAME, A BURNS	DORESS, AND LICEN	TO COBONER? SE NUMBER OF FU HOME	NERAL HOME FH8	300244
, 23-9	Burlal Cremation Onnation Other (Special 22a. EMBALMER'S NAME TERRENCE P. BU 24a. STISNATURE OF FUNERAL D 26. PART I Enter the disease	JRNS IRECTOR	Burns, s, or complications that cause	April 21, Calumet Pa 22b. EMBALMERS 1013890 24b. t FD0 ac the death. Do not enter	ark Cem slicense no. ICENSE NUMBE (of Licensee) 0100946	t is	25. NAME, A BURNS	DEATH REPORTED No Yes ODRESS, AND LICEN: FUNERAL Broadway	TO SECONER? BE NUMBER OF FU HOME THE TENTRING ABOUTT	NERAL HOME FH8 Point, VE IS A TRUE	300244
, 23-9	Burlal Cremation Onnation Other (Special 22a. EMBALMER'S NAME TERRENCE P. BU 24a. STISNATURE OF FUNERAL D 26. PART I Enter the disease	JRNS IRECTOR	Burns	April 21, Calumet Pa 22b. EMBALMER'S 1013890 24b. t FD0 sof the death. Do not enter a	ark Cem s LICENSE NO. LICENSE NUMBER (of Licensee) 0100946 nonspecific terms	TIA 51 , such as cardia	25. NAME, A BURNS 10101 c or respiratory	DRESS, AND LICEN: FUNERAL Broadway COPY OF LAKE CO	TO CONNER? ENUMBER OF FU HOME THE CERTIFICATE ANTE HEALTH DEP	NERAL HOME FH8 Point, VE IS A TRUE	300244 Indian
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, 23-9	Burlal Cremation Onnation Other (Special Control Contr	JRNS IRECTOR	Sources, or complications that cause ure. List only one cause on a	April 21, Calumet Pa 22b. EMBALMER'S 1013890 24b. t FD. act the death. Do not enter rach line.	ark Cemes No. ICENSE NO. ICENSE NUMBER (of Licensee) 0100946 nonspecific terms	TIA 51 a such as cardia	25. NAME, A BURNS 10101 c or respiratory	DRESS, AND LICEN: FUNERAL Broadway COPY OF LAKE CO	TO CONNER? ENUMBER OF FU HOME THE CERTIFICATE ANTE HEALTH DEP	NERAL HOME FH8 Point, VE IS A TRUE F OF DEATH (ARTMENT.	300244 Tndian E ANDROSME ON FILE-AMITES Onset and
1 33-9	Burlal Cremation Onnation Other (Special 22a. EMBALMER'S NAME TERRENCE P. BU 24a. BIGNATURE OF FUNERAL D 24b. BAST I Enter the disease arrest, shock, or	JRNS IRECTOR	Sources, or complications that cause ure. List only one cause on a	April 21, Calumet Pa 22b. EMBALMER'S 1013890 24b. t FD act the death. Do not enter a	ark Cemes No. ICENSE NO. ICENSE NUMBER (of Licensee) 0100946 nonspecific terms	TIA 51 , such as cardia	25. NAME, A BURNS 10101 c or respiratory	DRESS, AND LICEN: FUNERAL Broadway COPY OF LAKE CO	TO CONNER? ENUMBER OF FU HOME THE CERTIFICATE ANTE HEALTH DEP	NERAL HOME FH8 Point, VE IS A TRUE F OF DEATH (ARTMENT.	300244 Tndian E ANGROWNE ON FILE ANGRES
, 23-9	Burlal Cremation Onnation Other (Special Control of Con	JRNS IRECTOR	s, or complications that cause use. List only one cause on a OUE TO (O) b.	April 21, Calumet Pa 22b. EMBALMER'S 1013890 24b. t FD act the death. Do not enter rach line.	ark Cemes No. ICENSE NO. ICENSE NUMBER (of Licensee) 0 100946 nonspecific terms	TIA 51 , such as cardia	25. NAME, A BURNS 10101 c or respiratory	DRESS, AND LICEN: FUNERAL Broadway COPY OF LAKE CO	TO CONNER? ENUMBER OF FU HOME THE CERTIFICATE ANTE HEALTH DEP	NERAL HOME FH8 Point, VE IS A TRUE	300244 Tndian E ANGROSHINE ON FILE ANGRES
1 33-9	Burlal Cremation Onnation Other (Special 22a. EMBALMER'S NAME TERRENCE P. BU 24a. BIGNATURE OF FUNERAL D 26. PART I Enter the disease arrest, shock, or IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave	JRNS IRECTOR	s, or complications that cause use. List only one cause on a OUE TO (O) b.	April 21, Calumet Pa 22b. EMBALMER'S 1013890 24b. t FD. act the death. Do not enter rach line.	ark Cemes No. ICENSE NO. ICENSE NUMBER (of Licensee) 0 100946 nonspecific terms	TIA 51 , such as cardia	25. NAME, A BURNS 10101 c or respiratory	DRESS, AND LICEN: FUNERAL Broadway COPY OF LAKE CO	TO CONNER? ENUMBER OF FU HOME THE CERTIFICATE ANTE HEALTH DEP	NERAL HOME FH8 Point, VE IS A TRUE F OF DEATH (ARTMENT.	300244 Tndian E ANGROWMAN ON FILE-MATTER Onset and I
1 33-9	Burlal Cremation Onnation Other (Special Control of Conditions, if any, which gave rise to the immediate cause spating the underlying	JRNS IRECTOR	s, or complications that cause on a List only one cause on a OUE TO (OI b). DUE TO (OI C.	April 21, Calumet Pa 22b. EMBALMER'S 1013890 24b. t FD ad the death. Do not enter a ach line. RAS A CONSEQUENCE C	ark Cemes No. ICENSE NO. ICENSE NUMBER (of Licensee) 0 10094 (of nonspecific terms Officense) DF):	TIA 51 a such as cardia 8 con a	25. NAME, ABURNS 10101 c or respiratory	DRESS, AND LICEN: FUNERAL Broadway COPY OF LAKE CO	TO CONNER? ENUMBER OF FU HOME THE CERTIFICATE ANTE HEALTH DEP	NERAL HOME FH8 Point, VE IS A TRUE F OF DEATH (ARTMENT.	300244 Tndian E ANGROSHINE ON FILE ANGRES
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1 33-9	Burlal Cremation Onnation Other (Special Conditions) 22a. EMBALMER'S NAME TERRENCE P. BU 24a. Brigna Ture of Funeral Di 26. Part I Enter the disease arrest, shock, or IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	JRNS IRECTOR as, Injurie	a, or complications that cause ure. List only one cause on a DUE TO (OI b). DUE TO (OI C). DUE TO (OI d).	April 21, Calumet Pa 22b. EMBALMERS 1013890 24b. E FD 22b. the death. Do not enter of ach line. RAS A CONSEQUENCE C RAS A CONSEQUENCE C	ark Cemes No. ICENSE NO. ICE	T IS	25. NAME, ALBURNS 10101 Correspondory	Broadway COPY OF LAKE CO	TO SERONER? HOME HOME THE CERTIFICATE AND THE C	NERAL HOME FH8 Point FIS A TRUE F OF DEATH O ARTMENT.	300244 Tndian E ANGAGOMAR On Filian Wallish Onset and
1 33-9	Burlal Cremation Onnation Other (Special Conditions) 22a. EMBALMER'S NAME TERRENCE P. BU 24a. Brigna Ture of Funeral Di 26. Part I Enter the disease arrest, shock, or IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	JRNS IRECTOR as, Injurie	a. DUE TO (O) DUE TO (O) DUE TO (O)	April 21, Calumet Pa 22b. EMBALMERS 1013890 24b. E FD 22b. the death. Do not enter of ach line. RAS A CONSEQUENCE C RAS A CONSEQUENCE C	ark Cemes No. ICENSE NO. ICE	T WAS DECER	25. NAME, ALBURNS 10101 Correspondory	DORESS, AND LICEN: FUNERAL Broadway COPY OF LAKE CO	TOPST 28	NERAL HOME FH8 Point FIS A TRUE F OF DEATH O ARTMENT.	300244 Indian AND FOR MAIN THE TRANSPORTER Onset and I
1 33-9	Burlal Cremation Onnation Other (Special Conditions) 22a. EMBALMER'S NAME TERRENCE P. BU 24a. Brigna Ture of Funeral Di 26. Part I Enter the disease arrest, shock, or IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	JRNS IRECTOR as, Injurie	a, or complications that cause ure. List only one cause on a DUE TO (OI b). DUE TO (OI C). DUE TO (OI d).	April 21, Calumet Pa 22b. EMBALMERS 1013890 24b. E FD 22b. the death. Do not enter of ach line. RAS A CONSEQUENCE C RAS A CONSEQUENCE C	ark Cemes No. ICENSE NO. ICE	T WAS DECER	25. NAME, ALBURNS 10101 COT TESPITATORY	DORESS, AND LICEN: FUNERAL Broadway COPY OF LAKE CO	TOPST 28	POINT. POINT. POINT. POINT. ARTMENT. WERE AUTICAL AVAICABLE COMPLE	300244 Indian AND FORMAR Onset and I
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1 33-9	Burlal Cremation Onnation Other (Special Conditions) 22a. EMBALMER'S NAME TERRENCE P. BU 24a. Brigna Ture of Funeral Di 26. Part I Enter the disease arrest, shock, or IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	JRNS IRECTOR as, Injurie	a, or complications that cause ure. List only one cause on a DUE TO (OI b). DUE TO (OI C). DUE TO (OI d).	April 21, Calumet Pa 22b. EMBALMERS 1013890 24b. t FD so the death. Do not enter ach line. R AS A CONSEQUENCE C R AS A CONSEQUENCE C R AS A CONSEQUENCE C	ark Cemes No. ICENSE NO. ICE	T IS R IA 51 Such as cardia C OT PRESIDENT POST TO	25. NAME, ALBURNS 10101 COT TESPITATORY	DORESS, AND LICEN: FUNERAL Broadway COPY OF LAKE CO	TO PERONER? ENUMBER OF FU HOME THE CERTIFICATE INTO HEALTH DEP	POINT. POINT. POINT. POINT. ARTMENT. WERE AUTICAL AVAICABLE COMPLE	300244 Indian E AND COMME Onset and Onset and DPSY FINDINGS E PRIOR TO ITION OF CA

CERTIFIER

HEALTH OFFICER

DR. NAZZAL OBAID
31. HEALTH OFFICER'S SIGNATURE 8895 BROADWAY, MERRILLVILLE, IN 46410 32. DATE FILED (Month, Day, Year) Susan w But D.o.

2005 33. MANNER OF DEATH 34a. DATE OF INJURY 34c. INJURY AT WORK? (Yes or no) 34b. TIME OF \$11 34d. DESCRIBE HOW INJURY OCCUR th, Day, Year) inatural Pending Investigation Accident 34e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 34f. LOCATION (Street and Number or Rural Route Number Charles And Num Suicide Could not be ☐ Homicide

and place, and due to the cause(s) and manner as stated.

29c. MEDICAL LICENSE NO.

01028410

29d: BATE SIGNED (Month, Day, Year)

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT?(Yes or No) If yes, specify driver, passenger, pedestrian, etc.

an no.

HEALTH OFFICER On the basis of ex CORONER On the basis of examination and/or inve

April 18, 2005

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

290. SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS PERSON WHO COM