

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

JAN 19 1996  
Date Issued *Franklin S. Dremuda*  
Hammond Health Commissioner

Local No. 45

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

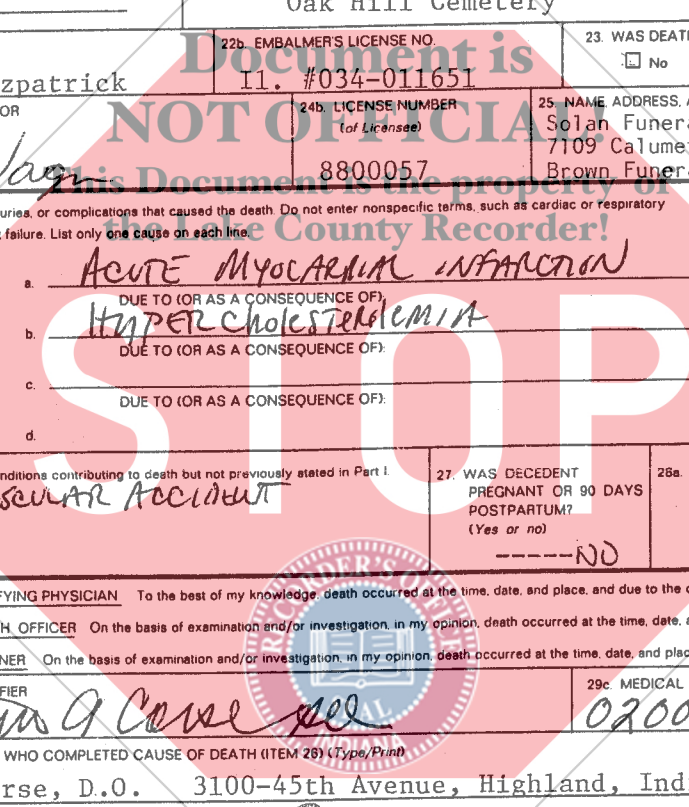
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1. DECEASED—NAME (First, Middle, Last)<br><b>RICHARD C. VARNAK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | 2. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                            | 3a. TIME OF DEATH<br><b>11:05P M</b>                                                                                                                                                                              | 3b. DATE OF DEATH (Month, Day, Yr.)<br><b>January 16, 1996</b>                                       |                                                           |
| 4. *SOCIAL SECURITY NUMBER<br><b>334-24-0316</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 5a. AGE—Last Birthday (Years)<br><b>63</b>                                                     | 5b. UNDER 1 YEAR<br>Months Days<br><b>0 0</b>                                                                                                                                                                                                                                                                    | 5c. UNDER 1 DAY<br>Hours Minutes<br><b>0 0</b>                                                                                                                                                                    | 6. DATE OF BIRTH (Mo, Day, Yr)<br><b>March 30, 1932</b>                                              |                                                           |
| 7. BIRTHPLACE (City and State or Foreign Country)<br><b>Chicago, Illinois</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                | 8a. WAS DECEDENT A U.S. VETERAN?<br><b>Yes</b>                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?<br><b>1952</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                | 9a. PLACE OF DEATH (Check only one. See instructions)<br>HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA<br>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)<br><b>St. Margaret Hospital North Campus</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | 9c. CITY, TOWN, OR LOCATION OF DEATH<br><b>Hammond</b>                                                                                                                                                                                                                                                           | 9d. COUNTY OF DEATH<br><b>Lake</b>                                                                                                                                                                                |                                                                                                      |                                                           |
| 10. MARITAL STATUS (Specify)<br><b>Married</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11. SURVIVING SPOUSE (If wife, give maiden name)<br><b>Catherine Pickering</b>                 | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>Painter</b>                                                                                                                                                                                      |                                                                                                                                                                                                                   | 12b. KIND OF BUSINESS/INDUSTRY<br><b>Self-Employed</b>                                               |                                                           |
| 13a. RESIDENCE—STATE<br><b>Illinois</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 13b. COUNTY<br><b>Cook</b>                                                                     | 13c. CITY, TOWN, OR LOCATION<br><b>Dolton</b>                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                   | 13d. STREET AND NUMBER<br><b>14424 Ingleside</b>                                                     |                                                           |
| 13e. ZIP CODE<br><b>60419</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13f. INSIDE CITY LIMITS<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                                                                                                                                                                                                                                                    | 15. WAS DECEDENT OF HISPANIC ORIGIN?<br><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)<br><b>White</b>                               |                                                           |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br><b>11th</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | 18. FATHER'S NAME (First, Middle, Last)<br><b>William Varnak</b>                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 19. MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>Rose Kappal</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | 20a. INFORMANT'S NAME (Type/Print)<br><b>Catherine Varnak</b>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>14424 S. Ingleside, Dolton, Illinois 60419</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | 20c. Relationship<br><b>Wife</b>                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 21a. METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State<br><input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)                                                                                                                                                                                                                                                                                                                                                    |                                                                                                | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>January 20, 1996<br/>Oak Hill Cemetery</b>                                                                                                                                                                                |                                                                                                                                                                                                                   | 21c. LOCATION—City or Town, State<br><b>Chicago, Illinois</b>                                        |                                                           |
| 22a. EMBALMER'S NAME<br><b>Brian E. Fitzpatrick</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                | 22b. EMBALMER'S LICENSE NO.<br><b>11. #034-011651</b>                                                                                                                                                                                                                                                            | 23. WAS DEATH REPORTED TO CORONER?<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                         |                                                                                                      |                                                           |
| 24. SIGNATURE OF FUNERAL DIRECTOR<br><i>Dean L. Wagner</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | 24b. LICENSE NUMBER (of License)<br><b>8800057</b>                                                                                                                                                                                                                                                               | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME<br><b>Solan Funeral Home FH83002389<br/>7109 Calumet Ave., Hammond, IL 46324 for<br/>Brown Funeral Home 13820 Lincoln Avenue<br/>Dolton, Illinois 60419</b> |                                                                                                      |                                                           |
| 28. 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.<br><b>ACUTE MYOCARDIAL INFARCTION<br/>DUE TO (OR AS A CONSEQUENCE OF)<br/>HYPERCHOLESTEROLEMIA</b>                                                                                                                                                                                                                                                                    |                                                                                                | 28b. INTERVAL BETWEEN ONSET AND DEATH<br><b>2 07 04 22 57<br/>HOUR<br/>YRS.</b>                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I<br><b>CEREBRAL VASCULAR ACCIDENT<br/>DIABETES</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)<br><b>NO</b>                                                                                                                                                                                                                                        | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no)<br><b>No</b>                                                                                                                                                           | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)<br><b>NO</b> |                                                           |
| 29a. CERTIFIER (Check only one)<br><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.<br><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.<br><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) as stated. |                                                                                                | 29b. SIGNATURE AND TITLE OF CERTIFIER<br><i>Steven A. Corse</i>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 29c. MEDICAL LICENSE NO.<br><b>02000686</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                | 29d. DATE SIGNED (Month, Day, Year)<br><b>JAN 17 1996</b>                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)<br><b>Steven Corse, D.O. 3100-45th Avenue, Highland, Indiana 46322</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 31. HEALTH OFFICER'S SIGNATURE<br><i>Franklin S. Dremuda, M.D.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 32. DATE FILED (Month, Day, Year)<br><b>JAN 19 1996</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 33. MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                | 34a. DATE OF INJURY (Month, Day, Year)<br><b>MAY 21 2007</b>                                                                                                                                                                                                                                                     | 34b. TIME OF INJURY                                                                                                                                                                                               | 34c. INJURY AT WORK? (Yes or no)                                                                     | 34d. DESCRIBE HOW INJURY OCCURRED<br><b>006654 #22082</b> |
| 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)<br><b>AB</b>                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year)<br><b>PEGGY HOLINGA KATONA<br/>LAKE COUNTY AUDITOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                      |                                                           |
| 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.<br><b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                   |                                                                                                      |                                                           |

Meyer Manor  
lots 102, 103, & 104  
30-24-0056-0040, -0041, 9 -0042



→ W-Lee Newell Jr