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. 1673-04   State No. ....

63488

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	Joseph J. Sobek
2. SEX	Male
3a. TIME OF DEATH	12:08P M
3b. DATE OF DEATH (Month, Day, Yr)	July 6, 2004
4. *SOCIAL SECURITY NUMBER	313-12-5700
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)	March 19, 1923
7. BIRTHPLACE (City and State or Foreign Country)	Hammond, IN
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: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	St. Margaret Mercy Healthcare
9c. CITY, TOWN, OR LOCATION OF DEATH	Dyer
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Jean Stamy
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Sales
12b. KIND OF BUSINESS/INDUSTRY	Wholesale
13a. RESIDENCE—STATE	IN
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Munster
13d. STREET AND NUMBER	1242 Elliott Dr.
13e. ZIP CODE	46321
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? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	College: 4

PARENTS

18. FATHER'S NAME (First, Middle, Last)	George Sobek
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Anna Polcin

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	Jean Sobek
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1242 Elliott Dr. Munster, IN 46321
20c. Relationship	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	July 10, 2004 St. Joseph Cemetery
21c. LOCATION—City or Town, State	Hammond, IN
22a. EMBALMER'S NAME	John T. Noble
22b. EMBALMER'S LICENSE NO.	9000031
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	1021590
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321

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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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. aterioscleroti cardiovascular disease

DUE TO (OR AS A CONSEQUENCE OF)

b. cardiac arrhythmia

DUE TO (OR AS A CONSEQUENCE OF)

c. diabetes mellitus

DUE TO (OR AS A CONSEQUENCE OF)

d.

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 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)	

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	[signature]
29c. MEDICAL LICENSE NO.	02000476
29d. DATE SIGNED (Month, Day, Year)	July 8, 2004
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Wm Cataldi 840 Richard Rd. Dyer, IN 46311

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	[signature]
32. DATE FILED (Month, Day, Year)	July 9, 2004

33. MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)	
34b. 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.	

FILED

MAY 23 2007

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

$11

927-2649
TICOR HU

SDH06-004 State Form 10110 (R5/1-99)