

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 91-0230

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) <b>Benedict Steven Sikla</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>10:45 A.M.</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>March 17, 1991</b>
4. SOCIAL SECURITY NUMBER <b>312-18-2790</b>	5a. AGE—Last Birthday (Years) <b>70</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr.) <b>October 18, 1920</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Whiting, Indiana</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>	8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FAMILY NAME (If not institution, give street and number) <b>1681 W. 39th Court</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>		9d. COUNTY OF DEATH <b>Lake</b>
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Bertha Rudnicki</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Operator</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Oil Industry</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Gary</b>		13d. STREET AND NUMBER <b>1681 W. 39th Court</b>
13e. ZIP CODE <b>46408</b>	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) <b>12</b> College (1-4 or 5+) _____		18. FATHER'S NAME (First, Middle, Last) <b>Steven Sikla</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Johanna Kuva</b>		20a. INFORMANT'S NAME (Type/Print) <b>Bertha Sikla</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1681 W. 39th Court, Gary, Indiana 46408</b>		20c. Relationship <b>Wife</b>		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <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) <b>March 20, 1991 Calumet Park Cemetery</b>		21c. LOCATION—City or Town, State <b>Merrillville, Indiana</b>
22a. EMBALMER'S NAME <b>Robert A. Craigin, Jr.</b>		22b. EMBALMER'S LICENSE NO. <b>FD08700735</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ronald J. Mesarch</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01005912</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home, Inc. FHB3007762 7905 Broadway, Merrillville, IN 46410</b>
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. <b>Metastatic Carcinoma of Rectum</b> DUE TO (OR AS A CONSEQUENCE OF): b. _____ c. _____ 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. <b>multiple liver metastasis</b>				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>
29a. CERTIFIER (Check only one) <input 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 checked="" 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>[Signature]</i>			29c. MEDICAL LICENSE NO. <b>01035695B</b>	29d. DATE SIGNED (Month, Day, Year) <b>3-20-91</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>J. SANUKVI, MD, 521 EGAL St, Merrillville IN 46410</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Rebecca B. Foster, M.D., MPH/ot</i>				32. DATE FILED (Month, Day, Year) <b>MAR. 20 1991</b>
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) <b>DEC 03 2007</b>	34b. TIME OF INJURY <b>FILED</b>	34c. INJURY AT WORK? (Yes or no) <b>NO</b>
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>23927</b>		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>REGGY HOLINCA VATORA LAKE COUNTY AUDITOR</b>		

01-39-0379-0017 Grant Terrace lot 17



2001 DEC 3 1:09 PM  
LAKE COUNTY REC'D  
MERRILLVILLE, IN

SBH06-004 State Form 10110 (R2/3-89) DEATH CERT/ PD 1  
Lot 17, Grant Terrace, as shown in Plat Book 25, page 50 in Lake County, Indiana.  
COMMONLY KNOWN AS: 1681 West 39<sup>th</sup> Court, Gary, Indiana.  
KEY #01-39-0379-0017