Local No. 0222-92

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. 18-15-0393-0005

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	Thomas Sokol
2. Sex	Male
3a. Time of Death	7:40 a
3b. Date of Death	January 27, 1992
4. Social Security Number	306-38-6676
5a. Age—Last Birthday (Years)	55
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth	Dec. 17, 1936
7. Birthplace	Gary, Indiana
8a. Was Decedent a U.S. Veteran?	No
8b. Year Last Served in U.S. Armed Forces?	N/A
9a. Place of Death	Hospital: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. Facility Name	Methodist Hospital - Southlake
9c. City, Town, or Location of Death	Merrillville
9d. County of Death	Lake
10. Marital Status	Married
11. Surviving Spouse (If wife, give maiden name)	Shirley Bateman
12a. Decedent's Usual Occupation	Steel Worker
12b. Kind of Business/Industry	U.S. Steel
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	Merrillville
13d. Street and Number	760 W. 73rd Avenue
13e. Zip Code	46410
13f. Inside City Limits	☒ Yes
13g. On a Farm?	☒ No
14. Citizen of What Country?	U.S.A.
15. Was Decedent of Hispanic Origin?	☒ No
16. Race	White
17. Decedent's Education (Elementary/Secondary (0-12) / College (1-4 or 5+))	12

PARENTS

Field	Entry
18. Father's Name	Andrew Sokol
19. Mother's Name (Maiden Surname)	Ann Metarko

INFORMANT

Field	Entry
20a. Informant's Name	Shirley Sokol
20b. Mailing Address	760 West 73rd Avenue Merr., IN46410
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. Method of Disposition	☒ Burial
21b. Date and Place of Disposition	January 29, 1992 Calumet Park Cemetery
21c. Location—City or Town, State	Merrillville, Indiana
22a. Embalmer's Name	David Semplinski
22b. Embalmer's License No.	FD08600686
23. Was Death Reported to Coroner?	☒ No
24a. Signature of Funeral Director	Robert C. Wiatrolik
24b. License Number (of Licensee)	FD01001293
25. Name, Address, and License Number of Funeral Home	Stilinovich & Wiatrolik Funeral Home 7535 Taft St. IN FH3004455

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.

- a. Immediate cause: Hepatic Failure
- b. Due to (or as a consequence of): Cirrhosis of Liver
- c. Due to (or as a consequence of): Bleeding Esophageal Varices
- d. Due to (or as a consequence of):

PART II. Other significant conditions:

27. Was decedent pregnant or 90 days postpartum? No
28a. Was an autopsy performed? No
28b. Were autopsy findings available prior to completion of cause of death? No

CERTIFIER

29a. Certifier: ☐ Certifying Physician ☒ 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

29b. Signature and Title of Certifier: [signature] Lake County Health Commissioner
29c. Medical License No.: 01030831
29d. Date Signed: 1-28-92

30. Name and Address of Person Who Completed Cause of Death: Dr. Mavrelis 8895 Broadway Merrillville, Indiana 46410

HEALTH OFFICER

31. Health Officer's Signature: Alexander S. Williams MD
32. Date Filed: January 30 1992

CORONER USE ONLY

33. Manner of Death: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

34a. Date of Injury | 34b. Time of Injury | 34c. Injury at Work | 34d. Describe how injury occurred | 34e. Place of Injury | 34f. Location | 34g. Date Pronounced Dead | 34h. Motor Vehicle Accident?

THIS CERTIFIES THE ABOVE TO BE A COMPLETE COPY OF THE DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
JAN 30 1992

FILED
DEC 10 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
23993
$11 CS

2007 101454

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

SBH06-004 State Form 10110 (R2/3-89)