

5 Reg
214
Total

INDIANA STATE DEPARTMENT OF HEALTH

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

Local No. 0133-96 CERTIFICATE OF DEATH State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

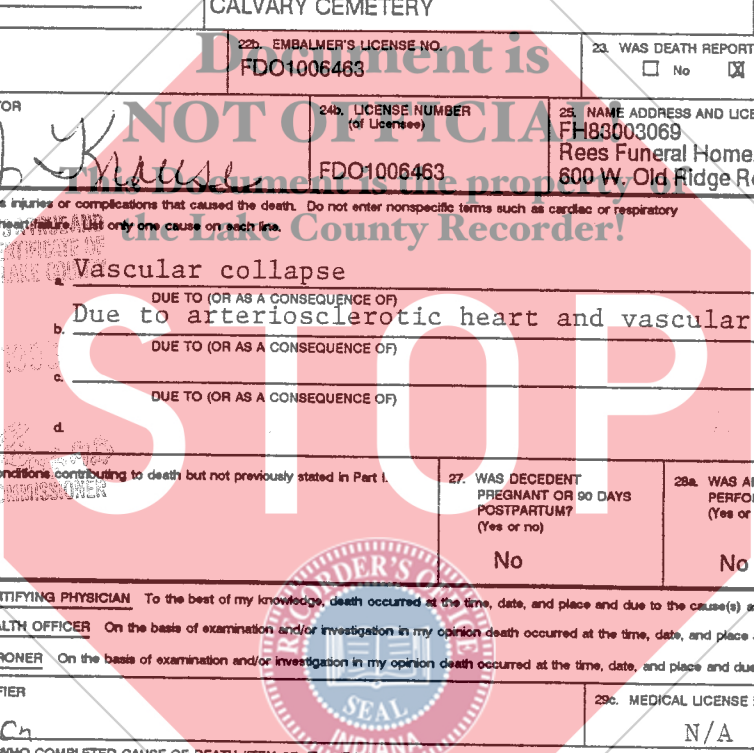
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) RICHARD FAZEKAS		2. SEX Male		3a. TIME OF DEATH 5:44PM		3b. DATE OF DEATH (Month Day Yr) January 15, 1996	
4. SOCIAL SECURITY NUMBER 304-36-5970		5a. AGE - Last Birthday (Years) 59		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day Yr) Aug 15, 1936		7. BIRTHPLACE (City and State or Foreign Country) EAST GARY, IN					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES UNKNOWN		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence			
9b. FACILITY NAME (If not institution, give street and number) 914 KNOX PLACE				9c. CITY TOWN OR LOCATION OF DEATH Lake Station		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) DORIS KANKOWSKI		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HEAVY CRANE OPERATOR		12b. KIND OF BUSINESS INDUSTRY NORTHWEST IND. WATER CO.	
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Lake Station		13d. STREET AND NUMBER 2010 VIGO STREET	
13e. ZIP CODE 46405		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7 College (1-4 or 5+) 0					
18. FATHER'S NAME (First, Middle, Last) WILLIAM FAZEKAS				19. MOTHER'S NAME (First, Middle, Maiden Surname) MARY CHASKO			
20a. INFORMANT'S NAME (Type/Print) DORIS FAZEKAS				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2010 VIGO STREET, Lake Station, IN 46405		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) Jan 18, 1996 CALVARY CEMETERY				21c. LOCATION - City or Town State Portage, IN	
22a. EMBALMER'S NAME JAMES J. KRAUSE		22b. EMBALMER'S LICENSE NO. FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licensee) FDO1006463		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342 FH83003069			
26. PART I. Enter the disease, 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. Vascular collapse b. Due to arteriosclerotic heart and vascular disease c. Unknown 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. LAKE COUNTY HEALTH COMMISSIONER				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) No		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. Deputy <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>Donna Melyon</i>		29c. MEDICAL LICENSE NO. N/A	
29d. DATE SIGNED (Month Day Year) January 17, 1996		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>						32. DATE FILED (Month Day Year) January 18, 1996	
33. MANNER OF DEATH <input checked="" 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)		34b. TIME OF INJURY		34c. INJURY AT WORK? no	
34d. DESCRIBE HOW INJURY OCCURRED 002841		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) MAR 24 2008		34f. LOCATION (Street and Number or Rural Route Number City or Town State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) January 15, 1996		34h. MOTOR VEHICLE IDENTIFICATION (If yes specify driver, passenger, pedestrian, etc.) LAKE COUNTY AUDITOR					

Old Orchard 2nd Sub
lot 24
14-20-0156-0024



STATE OF INDIANA
LAKE COUNTY RECORDER
RECORDS SECTION
24 JAN 19 1996
16:16