



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 2543-08

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>Charles Albert Racz</b>				1a. Maiden Last Name (if Female)		2. Sex <b>Male</b>	3. Time Of Death <b>5:18 PM</b>	4. Date Of Death (Month/Day/Year) <b>July 13, 2008</b>	
5. Social Security Number <b>██████████3748</b>		6a. Age Yrs <b>77</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) <b>June 14, 1931</b>		8. Birthplace (City And State Or Foreign Country) <b>East Chicago, IN</b>
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (if Not Institution, Give Street And Number) <b>807 N. INDIANA ST.</b>									
12. City Or Town, State, And Zip Code <b>GRIFFITH, INDIANA, 46319</b>					13. County Of Death		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced		
15. Surviving Spouse's Name <b>NONE</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>Mechanical Engineer</b>		17. Kind Of Business/Industry <b>Steel &amp; Wire Co.</b>	
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Griffith</b>					
18c. Street And Number <b>807 N. Indiana St.</b>				18d. Apt. No.		18e. Zip Code <b>46319</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>Some college credit, but no degree</b>			20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>CHARLES RACZ</b>				23. Mother's Name (First, Middle, Last) <b>Jennie Racz</b>			23a. Mother's Maiden Last Name <b>Kovacs</b>		
24. Informant's Name <b>Carrie Nero</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4943 89th Terrace, Crown Point, IN 46307</b>					
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>CHAPEL LAWN MEMORIAL GARDENS</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN.</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Kiich Funeral Home 10000 Calumet Avenue, Munster, IN 46321</b>					27a. Funeral Home License Number: <b>FH10700038</b>		
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee) <b>FD01021590</b>			
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Event Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. <b>Immediate Cause (Final Disease Or Condition Resulting In Death)</b> A. <b>PNEUMONIA</b> B. <b>PARKINSON'S</b> C. _____ D. _____ <b>Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last</b> Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code <b>#11</b>		
39. Describe How Injury Occurred									
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Dr. Buccellato 761 45th Ave. Suite 108, Munster, IN. 46321</b>						44. License Number <b>01058760A</b>		45. Date Certified <b>7/15/08</b>	
46. Additional Funeral Service Provider:						47. *Akes:			
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>July 16, 2008</b>			

CHICAGO LIFE INSURANCE COMPANY

STOP

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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each Social Security number in this document, unless required by law. Vaun Federoff