

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.
Frank J. Oremuda, M.D.
Date Issued Dec 9, 1996 Hammond Health Commissioner
State No. 495

Local No. 495

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

TYPE/PRINT IN PERMANENT BLACK INK

PRECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Isadore F. Furlic		2 SEX Male	3a TIME OF DEATH 5:55 a.m.	3b DATE OF DEATH (Month, Day, Yr) December 7, 1996	
4 *SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) 82	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) August 22, 1914	
7 BIRTHPLACE (City and State or Foreign Country) Rhineland, Wisconsin	8a WAS DECEDENT A U.S. VETERAN? No				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? -----		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) St. Margaret Mercy		9c CITY, TOWN, OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Margaret Unser	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mail Carrier	12b KIND OF BUSINESS/INDUSTRY U.S. Post Office		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Hammond	13d STREET AND NUMBER 1246-175th Street		
13e ZIP CODE 46324	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (K-2) 12th College (1-4 or 5+) 999		18 FATHER'S NAME (First, Middle, Last) Matt Furlic			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Theresa Mikulandric		20a INFORMANT'S NAME (Type/Print) Margaret Furlic			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1246-175th St., Hammond, Indiana 46324		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) December 10, 1996 Holy Cross Cemetery		21c LOCATION—City or Town, State Calumet City, Illinois	
22a EMBALMER'S NAME Dean G. Wagner		22b EMBALMER'S LICENSE NO. 8800057	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>		24b LICENSE NUMBER (of Licensee) 8800057	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, Indiana 46324		
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. Dehydration b. Pneumonia c. [REDACTED] d. [REDACTED] 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)		28a WAS AN AUTOPSY PERFORMED? PEGGY HOLINGA-KATONA		28b WERE ANY FINDINGS CONSIDERABLE PRIOR TO CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input checked="" 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 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>Franklin J. Oremuda, M.D.</i>		29c MEDICAL LICENSE NO. 32657	29d DATE SIGNED (Month, Day, Year) December 8, 1996		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) S. Khaja, M. D. 921 Fran Lin Pkwy., Munster, Indiana 46321					
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Oremuda, M.D.</i>			32 DATE FILED (Month, Day, Year) DEC 09 1996		
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)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED MT CA
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34d LOCATION (Street and Number or Rural Route Number, City or Town, State) 026063			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian HOLD FOR MERIDIAN TITLE CORP			

11-20751

Property Address: 1246 175th Street, Hammond, IN 46324

The East 5 feet of Lot Numbered Nineteen (19) all of Lot Numbered Twenty (20), and the West 10 feet of Lot Numbered Twenty-one (21) in Block 2 in White Oak Manor, the First Re-Division in the City of Hammond, as per plat thereof recorded in Plat Book 21 Page 24 in the Office of the Recorder of Lake County, Indiana.

