

Kenneth Hansen
 2396 Miss Dr
 Merrillville
 State
 No.

600 + 300
729849

**INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH**

Local No. 1429-83

517

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

FUNERAL HOME
 No. 776

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

1. DECEASED—NAME FIRST MIDDLE LAST GERALD J. (KIENZYSKI) KINZIE SR.		2. SEX Male	3. DATE OF DEATH (MONTH DAY YEAR) August 29, 1983
4. RACE—White Black American Indian, etc. (Specify) White	5. AGE—Last Birthday (Yrs) 49	6. DATE OF BIRTH (Mo Day Yr) Feb. 25, 1934	7. COUNTY OF DEATH Lake
8. CITY, TOWN OR LOCATION OF DEATH Merrillville		9. HOSPITAL OR OTHER INSTITUTION—Name (If not in other, give street and number) Methodist Hospital Southlake Campus	
10. STATE OF BIRTH (If not in U.S.A. name country) Indiana		11. CITIZEN OF WHAT COUNTRY U.S.A.	12. IF HOSP OR INST Indicate DOA OP Emer Rm. Inpatient (Specify) 7d Emer. Rm.
13. SOCIAL SECURITY NUMBER 303-32-1968		14. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	15. SURVIVING SPOUSE (If wife give maiden name) Alyce Schillo
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -Feeder Helper		17. KIND OF BUSINESS OR INDUSTRY Inland Steel Corp	
18. RESIDENCE—STATE Indiana	19. COUNTY Lake	20. CITY, TOWN OR LOCATION Merrillville	
21. STREET AND NUMBER 2416 West 61st Place		22. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. FATHER—NAME FIRST MIDDLE LAST Michael Kienzynski		25. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Regina Echner	
26. INFORMANT—NAME (Type or Print) RELATIONSHIP Alyce Kinzie - Wife		27. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 2416 West 61st Place Merrillville, Indiana 46410	
28. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		29. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Calumet Park Cemetery Merrillville, Indiana	
30. DATE (MONTH DAY YEAR) September 1, 1983		31. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, Indiana 46410	
32. To the best of my knowledge death occurred at the time, date and place and due to the causes stated 21a. (Signature) X Richard Buyer M.D.		33. DATE SIGNED (Mo Day Yr) September 1, 1983	34. HOUR OF DEATH 3:50 P. M.
35. NAME OF ATTENDING PHYSICIAN (Type or Print) Richard Buyer M.D.			
36. MAILING ADDRESS PHYSICIAN 7891 Broadway Merrillville, Indiana 46410			
37. HEALTH OFFICER SIGNATURE Peter Frey M.D.		38. DATE RECEIVED BY LOCAL HEALTH OFFICER 9-1-83	
39. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) IBL AND (c)) Aspiration Pneumonia		Interval between onset and death	
40. DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
41. DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
42. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Coronary Artery Disease, Cardiac Failure, Diabetes Mellitus		43. AUTOPSY (Specify Yes or No) No	

SEP 11 1983
 LICENSE NO. 361
 FUNERAL DIRECTOR'S SIGNATURE
 Keith Dillon
 FUNERAL HOME
 No. 776

4/00