

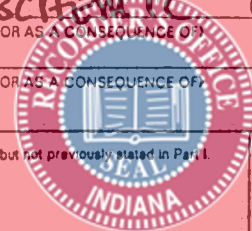
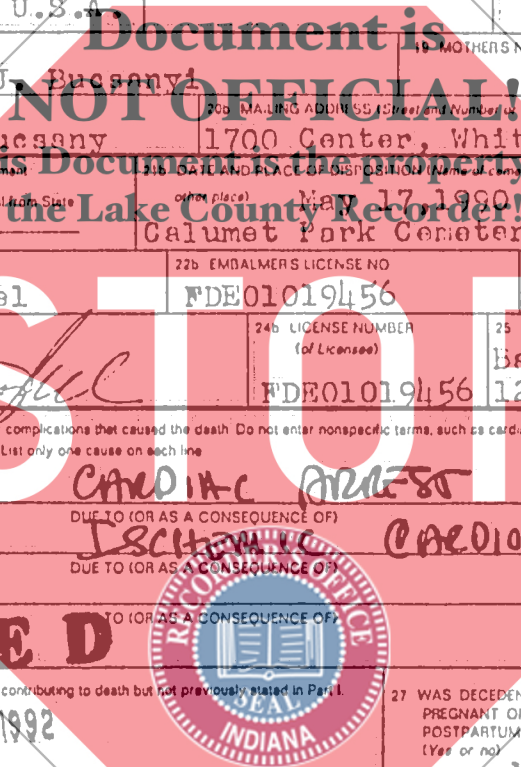
INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

David J Denis  
11108 W 133rd Ave  
State No. 88  
Cedar Lake IN 46302

Local No. 133  
92009775

1. DECEASED—NAME (First, Middle, Last) <b>MICHAEL J. BUCSANY, Jr.</b>		2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>2:46AM</b>	3b. DATE OF DEATH (Month, Day, Year) <b>MAY 14, 1990</b>
4. SOCIAL SECURITY NUMBER <b>305-20-1301</b> <b>314-20-0197</b>	5a. AGE—Last Birthday (Years) <b>68</b>	5b. UNDER 1 YEAR Month: Days: Hours: Minutes:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) <b>Aug. 31, 1921</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Whiting, Indiana</b>	8a. WAS DECEDENT A US VETERAN? <b>Yes</b>	8b. YEAR LAST SERVED IN US ARMED FORCES? <b>1942</b>	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) <b>St. Catherine Hospital</b>	9c. CITY, TOWN, OR LOCATION OF DEATH <b>East, Chicago</b>	9d. COUNTY OF DEATH <b>Lake</b>	10. MARITAL STATUS (Specify) <b>Married</b>	
11. SURVIVING SPOUSE (If wife give maiden name) <b>Eleanor Patrick</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Fire Protection</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Union Carbide</b>	13a. RESIDENCE—STATE <b>Indiana</b>	
13b. COUNTY <b>Lake</b>	13c. CITY, TOWN OR LOCATION <b>Whiting</b>	13d. STREET AND NUMBER <b>1700 Center Street</b>	13e. ZIP CODE <b>46394</b>	
13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc (Specify) <b>White</b>	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (14 or 16+)
18. FATHER'S NAME (First, Middle, Last) <b>Michael J. Bucsany</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Emily Rulak</b>		
20a. INFORMANT'S NAME (Type, Print) <b>Mrs. Eleanor Bucsany</b>		20b. MAILING ADDRESS (Street and Number, Rural Route Number, City or Town, State, Zip Code) <b>1700 Center, Whiting, IN 46394</b>	20c. Relationship <b>Wife</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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, hospital, or other place) <b>May 17, 1990 Calumet Park Cemetery</b>		21c. LOCATION—City or Town, State <b>Merrillville, Ind.</b>
22a. EMBALMER'S NAME <b>Martin A. Dybel</b>		22b. EMBALMER'S LICENSE NO. <b>FDE01019456</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licenses) <b>FDE01019456</b>	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Baran &amp; Son, Inc., FDH83007267 1235-119th, Whiting, IN 46394</b>	
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. <b>CAUDIA-C (MAY-80) ISCHEMIC CAEDIO MYOPATHY</b>		Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>CAUDIA-C (MAY-80)</b>		DUE TO (OR AS A CONSEQUENCE OF)		
Conditions, if any, which give rise to the immediate cause, stating the underlying cause last <b>FILED</b>		DUE TO (OR AS A CONSEQUENCE OF)		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>FEB 14 1992</b>		27. WAS DECEDENT PREGNANT OR 60 DAYS POSTPARTUM? (Yes or no) <b>No</b>	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN On the basis of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <i>[Signature]</i> <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>[Signature]</i>	29c. MEDICAL LICENSE NO. <b>0102648</b>	29d. DATE SIGNED (Month, Day, Year) <b>May 15, 1990</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) <b>George T. Asteris, M.D. 2450-169th Street, Hammond, Indiana 46323</b>				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) <b>5-16-90</b>
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
CORONER USE ONLY		34d. PLACE OF INJURY—At home, farm, street, factory, office building etc (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>Sub. Rt 1 Whiting Rt. 46</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) # yes specify driver, passenger, pedestrian, etc		<b>0061700</b>



FILED

FEB 14 1992

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

#29-121-8