# INDIANA STATE BOARD OF HEALTH

Local No. 2317-91 92036901

## CERTIFICATE OF DEATH

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| 1 DECEASED—NAME (First, Middle, Last) | 2 SEX | 3a TIME OF DEATH | 3b DATE OF DEATH (Month, Day, Yr) |
|---|---|---|---|
| Delia Kouris | Female | 10:55A.M | November 13, 1991 |

| 4 SOCIAL SECURITY NUMBER | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months / Days | 5c UNDER 1 DAY Hours / Minutes | 6 DATE OF BIRTH (Mo, Day, Yr) | 7 BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 316-09-0740 | 87 | | | Oct. 13, 1904 | Duluth, Minnesota |

| 8a WAS DECEDENT A U.S. VETERAN? | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a PLACE OF DEATH (Check only one. See instructions) |
|---|---|---|
| No | N/A | HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence |

| 9b FACILITY NAME (If not institution, give street and number) | 9c CITY, TOWN, OR LOCATION OF DEATH | 9d COUNTY OF DEATH |
|---|---|---|
| The Community Hospital | Munster | Lake |

| 10 MARITAL STATUS (Specify) | 11 SURVIVING SPOUSE (If wife, give maiden name) | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 12b KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Widowed | None | Home Maker | Own Home |

| 13a RESIDENCE—STATE | 13b COUNTY | 13c CITY, TOWN, OR LOCATION | 13d STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Highland | 3008 Grand Blvd. |

| 13e ZIP CODE | 13f INSIDE CITY LIMITS | 13g ON A FARM? | 14 CITIZEN OF WHAT COUNTRY? | 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc) | 16 RACE—American Indian, Black, White, etc (Specify) | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1+) |
|---|---|---|---|---|---|---|
| 46322 | ☐ No ☒ Yes | ☒ No ☐ Yes | U.S.A. | ☒ No ☐ Yes | White | 10 |

**PARENTS**

| 18 FATHER'S NAME (First, Middle, Last) | 19 MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| Richard Kanan | Ann Nicholos |

**INFORMANT**

| 20a INFORMANT'S NAME (Type/Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 20c Relationship |
|---|---|---|
| Evangeline Augustynek | 8407 Parrish Ave. Highland, IN 46322 | Daughter |

**DISPOSITION**

| 21a METHOD OF DISPOSITION | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 21c LOCATION—City or Town, State |
|---|---|---|
| ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ____ | November 15, 1991 Oakland Memory Lane | Dolton, Illinois |

| 22a EMBALMER'S NAME | 22b EMBALMER'S LICENSE NO | 23 WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| Edgar C. Gleim | FD01016173 | ☒ No ☐ Yes |

| 24a SIGNATURE OF FUNERAL DIRECTOR | 24b LICENSE NUMBER (of Licensee) | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. | FD01014511 | Kuiper Funeral Home FDH3007500 9039 Kleinman Rd. Highland, IN 46322 |

**CAUSE OF DEATH**

26. PART I. Enter the sequence of 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.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Cardio-Pulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF)
b. Metastatis Carcinoma
DUE TO (OR AS A CONSEQUENCE OF)
c. Carcinoma of the Breast.
DUE TO (OR AS A CONSEQUENCE OF)

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) 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)

FILED NOV 15 1991 — JUN 05 1992

Alexander S. Williams, MD — LAKE COUNTY HEALTH COMMISSIONER — Auditor Lake County

**CERTIFIER**

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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 | 29c. MEDICAL LICENSE NO. | 29d. DATE SIGNED (Month, Day, Year) |
|---|---|---|
| [signature] | 101 6030 | 11/14/91 |

**HEALTH OFFICER**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
7330 INDOLS BLVD HAMMOND, IN. 46324.

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, M.D.

32. DATE FILED (Month, Day, Year): November 15, 1991

**CORONER USE ONLY**

| 33. MANNER OF DEATH | 34a. DATE OF INJURY (Month, Day, Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) | 34d. DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) |
|---|---|
| | |

| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. |
|---|---|
| | |

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD I