



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.

345

APR 21, 1993 Date Issued  
Hammond Health Commissioner

Local No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

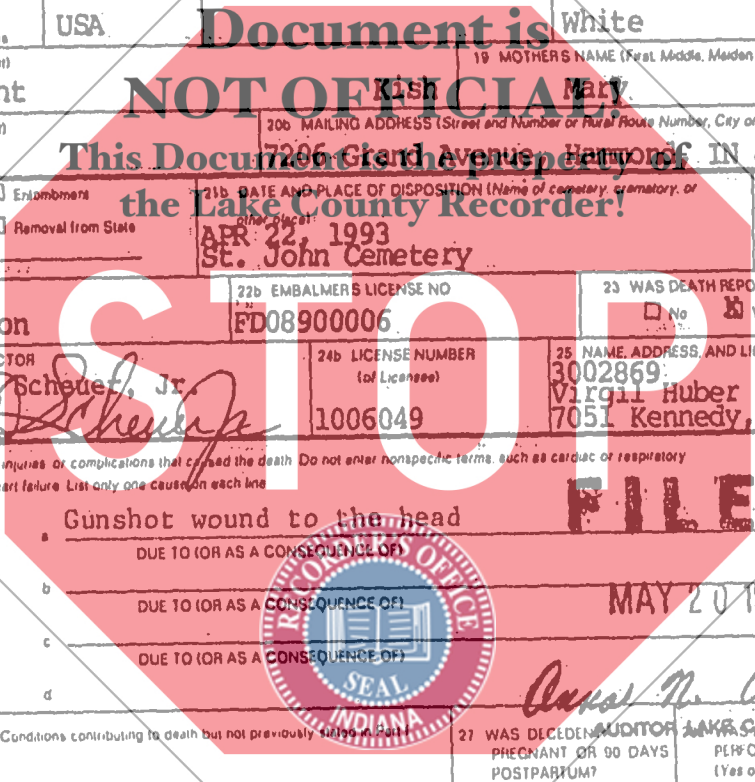
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) <b>Stephen C. Kish</b>		2 SEX <b>Male</b>		3a TIME OF DEATH <b>9:10 A M</b>		3b DATE OF DEATH (Month, Day, Yr) <b>April 19, 1993</b>	
4 SOCIAL SECURITY NUMBER <b>306-01-6528</b>		5a AGE—Last Birthday (Years) <b>78</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) <b>JUL 25, 1914</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, Indiana</b>					
8a WAS DECEDENT A US VETERAN? <b>Yes</b>		8b YEAR LAST SERVED IN US ARMED FORCES? <b>1945</b>		9a PLACE OF DEATH (Check only one See instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		9b OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	
9c FACILITY NAME (If not institution give street and number) <b>7206 Grand Avenue</b>				9d CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>		9e COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife give maiden name) <b>Anna Oprea</b>		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Welder</b>		12b KIND OF BUSINESS/INDUSTRY <b>Inland Steel</b>	
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN, OR LOCATION <b>Hammond</b>		13d STREET AND NUMBER <b>7206 Grand Avenue</b>	
13e ZIP CODE <b>46323</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>USA</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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5 +) <b>10</b>					
18 FATHER'S NAME (First, Middle, Last) <b>Vincent Kish</b>				19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary Pongracz</b>			
20a INFORMANT'S NAME (Type/Print) <b>Anna Kish</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7206 Grand Avenue, Hammond, IN 46323</b>				20c Relationship <b>Wife</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>APR 22, 1993 St. John Cemetery</b>				21c LOCATION—City or Town, State <b>Hammond, Indiana</b>	
22a EMBALMER'S NAME <b>George J. Johnson</b>		22b EMBALMER'S LICENSE NO. <b>FD08900006</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Charles D. Scheuer, Jr.</i>		24b LICENSE NUMBER (of Licensee) <b>1006049</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>3002869 Virgil Huber Funeral Home 7051 Kennedy, Hammond, IN 46323</b>			
26a 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>Gunshot wound to the head</b>		26b APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OF DEATH? <b>Unknown</b>				26c	
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Gunshot wound to the head</b>		DUE TO (OR AS A CONSEQUENCE OF)				26d	
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST		DUE TO (OR AS A CONSEQUENCE OF)				26e	
DUE TO (OR AS A CONSEQUENCE OF)		DUE TO (OR AS A CONSEQUENCE OF)				26f	
DUE TO (OR AS A CONSEQUENCE OF)		DUE TO (OR AS A CONSEQUENCE OF)				26g	
PART II Other significant conditions - Conditions contributing to death but not previously stated on Part I		27 WAS DECEDENT PREPREGNANT OR 90 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) <b>N/A</b>	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> Chief Investigator <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER		29b SIGNATURE AND TITLE OF CERTIFIER <i>William C. Huber</i> <b>Chief Investigator</b>					
29c MEDICAL LICENSE NO. <b>N/A</b>		29d DATE SIGNED (Month, Day, Year) <b>April 21, 1993</b>					
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>William C. Huber, Chief Investigator, 2293 North Main St., Crown Point, Indiana 46307</b>		31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Prumada, M.D.</i>		32 DATE FILED (Month, Day, Year) <b>April 21, 1993</b>			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) <b>Apr 19, 1993</b>		34b TIME OF INJURY <b>Unknown</b>		34c INJURY AT WORK? (Yes or no) <b>No</b>	
34d DESCRIBE HOW INJURY OCCURRED <b>Gunshot wound</b>		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc (Specify) <b>Home</b>		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>7206 Grand Avenue Hammond, Indiana</b>			
34g DATE PRONOUNCED DEAD (Month, Day, Year) <b>April 19, 1993</b>		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc <b>No</b>		00517			



FILED  
MAY 20 1993