

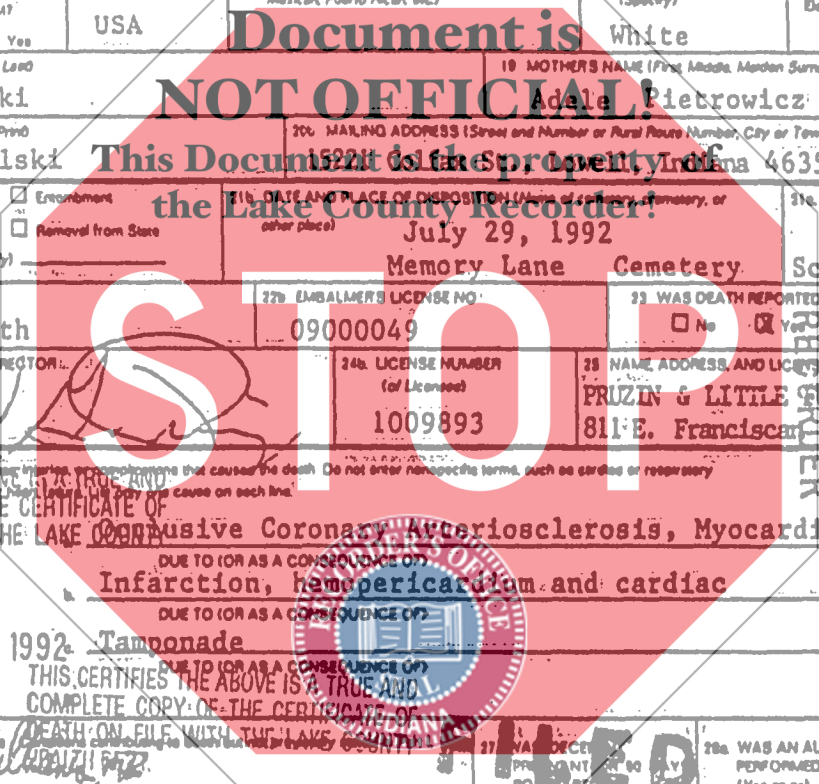
INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

Richard Arnold  
4747 Lincoln Mall  
P.O. Box 601  
Makleam, IL  
60443

Local No. 1608-92  
93042000

State No. 6043

DECEASED—NAME (First Middle Last) <b>CHARLES J. KOWALSKI</b>		SEX <b>Male</b>		DATE OF DEATH (Month Day Year) <b>July 27, 1992</b>	
SOCIAL SECURITY NUMBER <b>364-38-9935</b>		AGE—Last Birthday (Years) <b>53</b>		DATE OF BIRTH (Month Day Year) <b>October 23, 1938</b>	
WAS DECEDENT A U.S. VETERAN? <b>no</b>		YEAR LAST SERVED IN U.S. ARMED FORCES?		PLACE OF BIRTH (City and State or Foreign Country) <b>Muskegon, Michigan</b>	
FACILITY NAME (If not institution give street and number) <b>St. Anthony Medical Center</b>		CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>		COUNTY OF DEATH <b>Lake</b>	
MARRITAL STATUS (Specify) <b>Married</b>		SURVIVING SPOUSE (If wife give maiden name) <b>Marla L. VonSydow</b>		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Self-Employed</b>	
RESIDENCE—STATE <b>Indiana</b>		COUNTY <b>Lake</b>		CITY, TOWN OR LOCATION <b>Lowell</b>	
ZIP CODE <b>46356</b>		INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		CITIZEN OF WHAT COUNTRY? <b>USA</b>	
FATHER'S NAME (First Middle Last) <b>John Kowalski</b>		MOTHER'S NAME (First Middle Maiden Surname) <b>Adale Pietrowicz</b>		DECEDENT'S EDUCATION (Specify only highest grade completed) <b>College (11-4 or 5+)</b>	
INFORMANT'S NAME (Type/First) <b>Marla L. Kowalski</b>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>15221 Colfax Street, Indiana 46356</b>		RELATIONSHIP <b>Wife</b>	
METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		DATE AND PLACE OF DISPOSITION (Name of cemetery, other place) <b>July 29, 1992 Memory Lane Cemetery Schererville, Indiana</b>		LOCATION—City or Town, State	
EMBALMERS NAME <b>William D. Smith</b>		EMBALMER'S LICENSE NO. <b>09000049</b>		WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		LICENSE NUMBER (of Licensee) <b>1009893</b>		NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>PRUZIN &amp; LITTLE GENERAL SERVICE #3001261 811 E. Francis Dr., Crown Point, IN 46307</b>	
THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.		CAUSE OF DEATH (Use inclusive Coronary Arteriosclerosis, Myocardial Infarction, hemopericardium and cardiac tamponade) <b>Myocardial Infarction, hemopericardium and cardiac tamponade</b>		INTERVAL BETWEEN DEATH AND REPORTING <b>unknown</b>	
SIGNATURE AND TITLE OF CERTIFIER <b>Deborah Huseman, Lake County Health Commissioner</b>		DATE SIGNED (Month Day Year) <b>JUN 29 1992</b>		WAS AN AUTOPSY PERFORMED? <b>Yes</b>	
SIGNATURE AND TITLE OF PERSON WHO COMPLETED HEALTH DEPARTMENT REPORT <b>Deborah Huseman, Chief Deputy</b>		DATE SIGNED (Month Day Year) <b>July 27, 1992</b>		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>	
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		DATE OF INJURY (Month Day Year)		TIME OF INJURY	
DATE PRONOUNCED DEAD (Month Day Year) <b>July 27, 1992</b>		MOTOR VEHICLE ACCIDENT? (Yes or no). If yes specify driver, passenger, pedestrian etc. <b>No</b>		DESCRIBE HOW INJURY OCCURRED	



TYPE/PRINT IN PERMANENT BLACK INK  
DECEASED  
PARENTS  
INFORMANT  
DISPOSITION  
CAUSE OF DEATH  
CERTIFIER  
HEALTH OFFICER  
DRONER ONLY

1608-92  
93042000  
T.33 R.9  
11.50 ft of A. 325' of A. 100' by 6' Way Lake  
A. Sta. 10+12 #397-849

600