

ATTENTION: This form is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. C509-96

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Michael L. Deany		2 SEX Male	3a TIME OF DEATH 9:36A M	3b DATE OF DEATH (Month, Day, Yr) March 8, 1996
4 SOCIAL SECURITY NUMBER 342-42-7680	5a AGE—Last Birthday (Years) 49	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) February 24, 1947
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1968	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" 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) St. Margaret Mercy South Campus		9c CITY, TOWN OR LOCATION OF DEATH Dyer	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Carole Kulig	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Postal Clerk		12b KIND OF BUSINESS/INDUSTRY U.S. Postal Service
13a RESIDENCE—STATE INDIANA	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Schererville		13d STREET AND NUMBER 5106 W. 77th Court
13e ZIP CODE 46375	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12				17a (1-4 or 5+) 12
18 FATHER'S NAME (First, Middle, Last) Leo. R. Deany		18 MOTHER'S NAME (First, Middle, Maiden Surname) Ruth Culbert		
20a INFORMANT'S NAME (Type/Print) Carole Deany		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5106 W. 77th Court Schererville, IN 46375		20c Relationship Wife
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, crematory, or other place) March 11, 1996 Holy Cross Cemetery		21c LOCATION—City or Town, State Calumet City, Illinois
22a EMBALMER'S NAME David Semplinski		22b EMBALMER'S LICENSE NO. FD08600686		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert C. Wittich</i>		24b LICENSE NUMBER (of Licensee) FD01001293		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Stilinovich & Wiatrolis, 7535 Taft Street Merrillville, IN 46304
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. Pulmonary emboli of lungs				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Pulmonary emboli of lungs				
DUE TO (OR AS A CONSEQUENCE OF)				
CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last March 7, 1996				
DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions. Conditions contributing to death but not previously stated in Part I. CRACK COUNTY HEALTH COMMISSION				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <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 checked="" 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. Deputy		29b MEDICAL LICENSE NO. N/A		29c DATE SIGNED (Month, Day, Year) March 12, 1996
29d SIGNATURE AND TITLE OF CERTIFIER <i>Paul R. Castro</i> Deputy Coroner				
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Paul R. Castro, Deputy Coroner, #293 North Main Street, Crown Point, Indiana 46307				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i>				32 DATE FILED (Month, Day, Year) March 13, 1996
33 MANNER OF DEATH <input checked="" 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)
34d DESCRIBE HOW INJURY OCCURRED		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) March 8, 1996		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		34i		

Key # 13-244-27

FILED

APR 29 1996
SAM ORIGIN
AUDITOR LAKE COUNTY

APR 11 1996
FILED
APPROXIMATELY
DEATH AND DEATH
UNKNOWN

001751 98
PS