

\* ATTENTION ESTATE: The Social Security # 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

3030 Lakeside Dr.  
Highland

Local No. 1431-95

## CERTIFICATE OF DEATH

State No. 46322

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First Middle Last) <b>WILLIAM DEASY</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>5:20 P.M.</b>	3b DATE OF DEATH (Month Day Yr) <b>JUNE 26, 1995</b>	
4 SOCIAL SECURITY NUMBER <b>316-18-7180</b>	5a AGE—Last Birthday (Years) <b>71</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>July 28, 1923</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Hammond, IN</b>	8a WAS DECEDENT A US VETERAN? <b>Yes</b>				
8b YEAR LAST SERVED IN US ARMED FORCES? <b>1946</b>	8c PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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>THE COMMUNITY HOSPITAL</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>MUNSTER</b>	9d COUNTY OF DEATH <b>LAKE</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Dolores Kirschsieper</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Electrician</b>		12b KIND OF BUSINESS/INDUSTRY <b>USX</b>	
13a RESIDENCE—STATE <b>IN</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Hammond</b>	13d STREET AND NUMBER <b>6742 Forestdale Ave.</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>U.S.A.</b>	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) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) <b>12</b>		18 FATHER'S NAME (First Middle Last) <b>Peter Deasy</b>			
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Mary Ann Hensley</b>			20a INFORMANT'S NAME (Type/Print) <b>Dolores Deasy</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6742 Forestdale Ave. Hammond, IN</b>		20c Relationship <b>Wife</b>			
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) <b>June 29, 1995 Oakland Memory Lanes</b>		21c LOCATION—City or Town, State <b>Dolton, IL</b>	
22a EMBALMER'S NAME <b>James Porras</b>		22b EMBALMER'S LICENSE NO. <b>1045964</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 Licensee) <b>1021590</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Home #3004968 8415 Calumet Musnter, IN 46822</b>		
26 PART I Enter the disease, 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>Pulmonary embolism</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Acute renal failure</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Deep Vein thrombosis</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Congestive heart failure</b>					
26 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) <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 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 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>38400</b>	
29d DATE SIGNED (Month, Day, Year) <b>JUNE 27, 1995</b>		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DR. DINESH M. SHAH, M.D. 2914 HIGHWAY AVENUE HIGHLAND, INDIANA 46222</b>			
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month, Day, Year) <b>June 29, 1995</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"/> Could not be Determined <input type="checkbox"/> Homicide		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)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

96 APR 29 1996

FILED

APR 29 1996

STATE OF INDIANA  
LAKE COUNTY  
AUDITOR

unit #26  
Key #33-99-15  
Forestdale lot 15 Block 1

001777