

* 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

CERTIFICATE OF DEATH

State No.

Local No. 0772-96

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

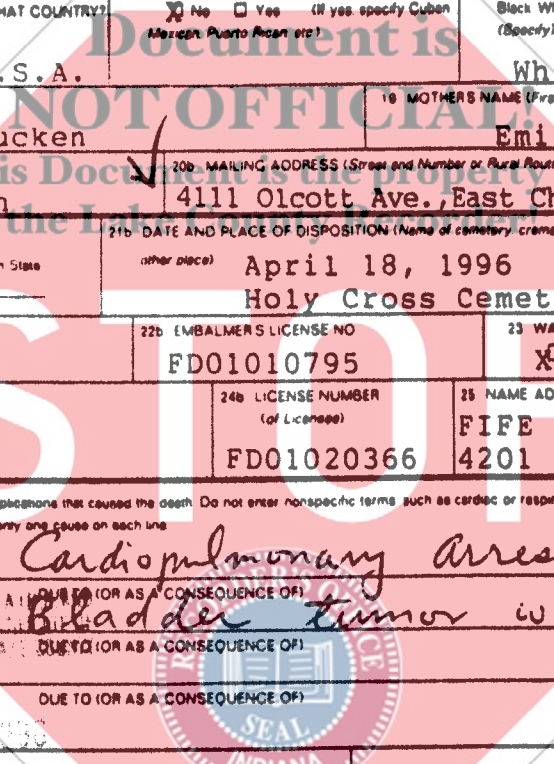
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Edward W. Kucken		2 SEX Male	3a TIME OF DEATH 5:47a	3b DATE OF DEATH (Month Day Yr) April 15, 1996	
4 SOCIAL SECURITY NUMBER 312-10-9937	5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) July 24, 1912	
7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a 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 <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
8b WAS DECEDENT A U.S. VETERAN? No	8c YEAR LAST SERVED IN U.S. ARMED FORCES? -	9a FACILITY NAME (If not institution, give street and number) Dyer Nursing Center			
9b CITY TOWN OR LOCATION OF DEATH Dyer		9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Carrie L. Rogowski	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Chemical Operator	12b KIND OF BUSINESS/INDUSTRY Union Carbide Corp.		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION East Chicago	13d STREET AND NUMBER 4111 Olcott Avenue		
13e ZIP CODE 46312	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input 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) Elementary/Secondary (9-12) 8 College (1-4 or 5+)
18 FATHER'S NAME (First Middle Last) Robert Kucken		19 MOTHER'S NAME (First Middle Maiden Surname) Emily Kasprzyk			
20a INFORMANT'S NAME (Type/Print) Carrie L. Kucken		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 4111 Olcott Ave., East Chicago, IND 46312		20c Relationship Wife	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) April 18, 1996 Holy Cross Cemetery		21c LOCATION—City or Town State Calumet City, Illinois	
22a EMBALMER'S NAME James H. Fife		22b EMBALMER'S LICENSE NO FDO1010795		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>John B. Fife</i>		24b LICENSE NUMBER (of Licensee) FD01020366	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME - FH835001 4201 Indpls. Blvd., Elkhart, IND		
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. Cardiopulmonary arrest Bladder tumor with metastasis					
IMMEDIATE CAUSE (Final disease or condition resulting in death) THIS CERTIFICATE IS VALID AS A CONSEQUENCE OF: CONDITIONS PREVIOUS TO THE LAST DUE TO (OR AS A CONSEQUENCE OF): CONDITIONS PREVIOUS TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST DUE TO (OR AS A CONSEQUENCE OF):					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Renal failure Noninsulin dependent diabetes mellitus					
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) -	
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>J. Paik, M.D.</i>		29c MEDICAL LICENSE NO 30770		29d DATE SIGNED (Month Day Year) April 15, 1996	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jay Paik, M.D. - 200 Monticello Drive, Dyer, Indiana 46311					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32 DATE FILED (Month Day Year) April 16, 1996	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <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 MAY 02 1996
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number of Rural Route Number, City or Town, State) SAM ORLICH			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, operator, etc. AUDITOR LAKE COUNTY 000269			



STATE OF INDIANA
LAKE COUNTY
FILED
RECORDED
MAY 14 1996
1:30

Unit # 24
Key # 30-14-35
Resub # NE S 29 T. 37 R. 9 lot 41 B1.2