

ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0606-97

119232 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 BUDNYK				2. SEX MALE		3a. TIME OF DEATH 2:40 P.M.		3b. DATE OF DEATH (Month, Day, Yr) March 20, 1997					
4. SOCIAL SECURITY NUMBER 311-03-6385		5a. AGE—Last Birthday (Years) 81		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Month, Day, Yr) Nov. 18, 1915		7. BIRTHPLACE (City and State or Foreign Country) Hammond, IN			
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED BY U.S. ARMED FORCES? 1946		9a. 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"/> POA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence									
9b. FACILITY NAME (If not institution, give street and number) Munster Med-Inn				9c. CITY, TOWN, OR LOCATION OF DEATH Munster				9d. COUNTY OF DEATH Lake					
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Wilma Nelson		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bricklayer				12b. KIND OF BUSINESS/INDUSTRY Construction					
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster				13d. STREET AND NUMBER 238 Adelaide Pl.					
13e. ZIP CODE 46321		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 (0-12) 8 College (1-4 or 5+) ---	
18. FATHER'S NAME (First, Middle, Last) Alex Budnyk						18. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Titka							
20a. INFORMANT'S NAME (Type/Print) Wilma Budnyk				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 238 Adelaide Pl., Munster, IN 46321				20c. Relationship Wife					
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 24, 1997 Chapel Lawn Memorial Gardens				21c. LOCATION—City or Town, State Schererville, IN					
22a. EMBALMER'S NAME Kevin W. Kish				22b. EMBALMER'S LICENSE NO. 1021590				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Kevin W. Kish</i>				24b. LICENSE NUMBER (of Licensee) 1021590		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home, 8415 Calumet, Munster, IN 46321							
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. THIS CERTIFIES THE ABOVE IS A TRUE AND IMMEDIATE CAUSE OF THE DEATH OF THE DECEASED AS DETERMINED BY THE LOCAL HEALTH OFFICER. IMMEDIATE CAUSE OF DEATH: CARDIOPULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF): CEREBROVASCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF): CARDIAC ARTERY DISEASE Conditions, if any, which gave rise to the immediate listed cause: 3-1-1997													
PART II. Enter any other conditions contributing to death but not previously stated in Part I. LAKE COUNTY HEALTH COMMISSIONER						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 <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. (Check only one) <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>Parul H. Doshi</i>						29c. MEDICAL LICENSE NO. 032154		29d. DATE SIGNED (Month, Day, Year) 3/21/97					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Parul Doshi, M.D., 7905 Calumet Ave., Munster, IN 46321													
31. HEALTH OFFICER'S SIGNATURE <i>Alvin J. Williams, M.D.</i>													
32. MANNER OF DEATH <input 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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)						34h. MOTOR VEHICLE ACCIDENT? (Yes or no) No							

Key # 28-56-44

NOT OFFICIAL
This Document is the Legal Record of the State of Indiana

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MUNSTER, IN
APR 1 1997
REC'D M. CARTER

FILED

SAM ORLICH
AUDITOR LAKE COUNTY 001023

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