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

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

Local No. **95-0472**

State No. **601**

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>EILEEN KROYMAN</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>5:30a</b>	3b DATE OF DEATH (Month Day Year) <b>June 17, 1995</b>
4 SOCIAL SECURITY NUMBER <b>354-14-3263</b>	5a AGE—Last Birthday (Years) <b>67</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>June 29, 1927</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	8c PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a FACILITY NAME (If not institution, give street and number) <b>604 New Jersey</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>Gary</b>	9c COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS <b>Married</b>	11 SURVIVING SPOUSE (Specify) <b>Edward Kroyman</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Accountant</b>	12b KIND OF BUSINESS/INDUSTRY <b>Bookkeeping</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Gary</b>	13d STREET AND NUMBER <b>604 New Jersey Street</b>	
13a ZIP CODE <b>46403</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>Caucasian</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12th Grade</b>		18 FATHER'S NAME (First Middle Last) <b>Isadore Singer</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Edith Goldman</b>		20a INFORMANT'S NAME (Type/Print) <b>Edward Kroyman</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>604 New Jersey St., Gary, Indiana</b>		20c RELATIONSHIP <b>Husband</b>		
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) <b>June 19, 1995 Memorial Park Cemetery</b>		21c LOCATION—City or Town, State, ZIP Code <b>Skokie, Illinois</b>
22a EMBALMER'S NAME <b>Celeste P. Kaufman</b>		22b EMBALMER'S LICENSE NO. <b>FDE:1033626</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Celeste P. Kaufman</i>		24b LICENSE NUMBER (of Licensee) <b>FDH;3002411</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kaufman Funeral Home/3002411 421 West 5th. Ave., Gary, Ind.</b>	
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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (First disease or condition resulting in death) a. <b>Constrictive cardiac failure</b>				
b. <b>Myocardial infarction</b> DUE TO (OR AS A CONSEQUENCE OF)				
c. <b>arterio sclerotic heart and</b> DUE TO (OR AS A CONSEQUENCE OF)				
d. <b>coronary atherosclerosis</b> DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
<b>bronchial asthma</b>				
<b>obesity / degenerative arthritis</b>				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a WAS AN AUTOPSY PERFORMED? (Yes or no)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
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 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) as stated		29b SIGNATURE AND TITLE OF CERTIFIER <i>Sam Orlich</i> <b>SAM ORLICH AUDITOR LAKE COUNTY</b>		
29c MEDICAL LICENSE NO. <b>IN 25043</b>		29d DATE SIGNED (Month Day Year) <b>6/21/95</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type and Print) <b>RUTHAN BITTNER, 8300 BROADWAY, INDIANAPOLIS, IN 46241</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Ruthan Bittner</i>				32 DATE FILED (Month Day Year) <b>JUN 22 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.		34i		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

001056