THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

May 21, 1991 — Date Issued — [signature] M.D. — Hammond Health Commissioner

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 400

STATE OF IN LAKE COUNTY FILED FOR RECORD 99 OCT 20 AM 8:46 MORRIS W. CARTER RECORDER

99086096

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	KENNETH STALEY
2. Sex	MALE
3a. Time of Death	2:35A M
3b. Date of Death (Month Day Yr)	MAY 18, 1991
4. Social Security Number	313-01-6855
5a. Age—Last Birthday (Years)	69
6. Date of Birth (Mo Day Yr)	Feb. 4, 1922
7. Birthplace (City and State or Foreign Country)	Nelsonville, OH
8a. Was Decedent a US Veteran?	Yes
8b. Year Last Served in US Armed Forces?	1945
9a. Place of Death	Hospital: ER/Outpatient
9b. Facility Name	St. Margaret Hospital
9c. City, Town, or Location of Death	Hammond
9d. County of Death	Lake
10. Marital Status	Married
11. Surviving Spouse (If wife, give maiden name)	Lois C. Lambros
12a. Decedent's Usual Occupation	Engineer
12b. Kind of Business/Industry	Elgin/Joliet/Eastern Railroad
13a. Residence—State	IN
13b. County	Lake
13c. City, Town, or Location	Whiting
13d. Street and Number	1414 Lake Ave.
13e. Zip Code	46394
13f. Inside City Limits	Yes
13g. On a Farm?	No
14. Citizen of What Country?	U.S.A.
15. Was Decedent of Hispanic Origin?	No
16. Race	White
17. Decedent's Education (Elementary/Secondary 0-12; College 1-4 or 5+)	12

PARENTS

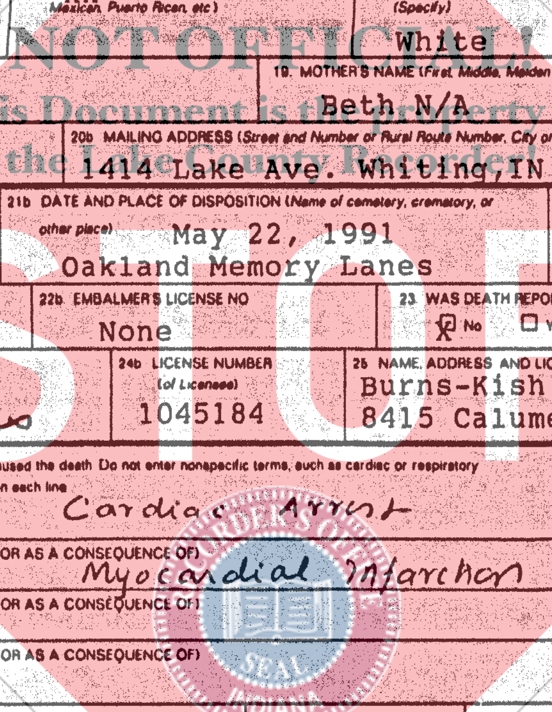
Field	Entry
18. Father's Name (First, Middle, Last)	Benjamin L. Staley
19. Mother's Name (First, Middle, Maiden Surname)	Beth N/A

INFORMANT

Field	Entry
20a. Informant's Name	Lois Staley
20b. Mailing Address	1414 Lake Ave. Whiting, IN 46394
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. Method of Disposition	Cremation
21b. Date and Place of Disposition	May 22, 1991 Oakland Memory Lanes
21c. Location—City or Town, State	Dolton, IL
22a. Embalmer's Name	None
22b. Embalmer's License No	None
23. Was Death Reported to Coroner?	No
24a. Signature of Funeral Director	Thomas J. Burns
24b. License Number (of Licensee)	1045184
25. Name, Address and License Number of Funeral Home	Burns-Kish Funeral Home #3004968, 8415 Calumet Munster, In 46321



CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiac Arrest

b. DUE TO (OR AS A CONSEQUENCE OF) Myocardial Infarction

c. DUE TO (OR AS A CONSEQUENCE OF)

d. DUE TO (OR AS A CONSEQUENCE OF)

Approximate Interval Between Onset and Death

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PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

Field	Entry
27. Was Decedent Pregnant or 90 Days Postpartum?	NO
28a. Was an Autopsy Performed?	NO
28b. Were Autopsy Findings Available Prior to Completion of Cause of Death?	NO

CERTIFIER

29a. Certifier: XX CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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.

Field	Entry
29b. Signature and Title of Certifier	R Bhagwat
29c. Medical License No	35493
29d. Date Signed	MAY 21, 1991
30. Name and Address of Person Who Completed Cause of Death (Item 26)	DR. R. BHAGWAT, 9112 COLUMBIA AVENUE, MUNSTER IN 46321

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	[signature] M.D.
32. Date Filed	MAY 21 1991

CORONER USE ONLY

33. Manner of Death: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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. If Motor Vehicle Accident, If yes, specify driver, passenger, pedestrian, etc.

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9.00 pr

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

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William J. O'Connor - 5272 Hohman Ave - Hammond, In. 46320