

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

Local No. 01576-94

CERTIFICATE OF DEATH

State No.

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

STATE OF INDIANA
LAKE COUNTY

FILED FOR RECORD

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

HOLD FOR THE TITLE SEARCH CO.

1 DECEASED—NAME (First Middle Last) Margaret Kaminski		3a SEX Female		3b TIME OF DEATH 6:15 A M		3c DATE OF DEATH (Month Day Yr) March 8, 1994	
4 *SOCIAL SECURITY NUMBER 278-22-8333		5a AGE—Last Birthday (Years) 2000-005-132		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY 2000 JAN 24 PM 3:01	
6 DATE OF BIRTH (Mo Day Yr) February 2, 1927		7 BIRTHPLACE (City and State or Foreign Country) Kent, Ohio		8a WAS DECEDENT A U.S. VETERAN? No			
8b WAS DECEDENT A U.S. VETERAN? No		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Other (Specify) MORRIS W. GARTNER RECORDER <input checked="" type="checkbox"/> Residence		9b FACILITY NAME (If not institution, give street and number) 1312 Elliott Drive			
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) Joseph P. Kaminski	
12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teacher		12b KIND OF BUSINESS/INDUSTRY High School		13a RESIDENCE—STATE Indiana		13b COUNTY Lake	
13c CITY/TOWN OR LOCATION Munster		13d STREET AND NUMBER 1312 Elliott Drive		13e ZIP CODE 46321		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
13g ON A FARM? <input type="checkbox"/> No <input checked="" 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1, 4 or 5+) 4		18 FATHER'S NAME (First Middle Last) Edward Peter Sawyer		19 MOTHER'S NAME (First Middle Maiden Surname) Mary Elizabeth Conrad			
20a INFORMANT'S NAME (Type/Print) Joseph P. Kaminski		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1312 Elliott Drive, Munster, IN. 46321		20c Relationship Husband			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) 3/11/1994 Bissler & Sons F.H. Kent, Ohio 3/14/1994 Standing Rock Cemetery Kent, Ohio		21c LOCATION—City or Town, State			
22a EMBALMER'S NAME Larry D. Anthony		22b EMBALMER'S LICENSE NO. 01001447		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b LICENSE NUMBER (of Licensee) 01001447		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Anthony & Dziadowicz F.H. 83002916 9445 Calumet Ave., Munster, IN. 46321			
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) Progressive Metastatic Pancreatic Cancer DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last. DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death 1 year					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27 WAS DECEDENT PREGNANT OR 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) as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>Peter Benjamin</i> LAKE COUNTY AUDITOR		29c DATE SIGNED (Month Day, Year) March 8, 1994			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Lyle Munn, M.D., 4321 Fir Street, East Chicago, Indiana 46312		31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, M.D.</i>		32 DATE FILED (Month Day, Year) March 9, 1994			
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		34a PLACE OF INJURY—At home farm street factory office building, etc (Specify)		34b 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.					

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