STATE OF INDIANA
LAKE COUNTY

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2000-015485

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	RICHARD L. MCCOSKEY
2. SEX	MALE
3a. TIME OF DEATH	4:41 AM
3b. DATE OF DEATH (Month, Day, Yr)	JUNE 11, 1993
4. SOCIAL SECURITY NUMBER	318-16-8970
5a. AGE—Last Birthday (Years)	79
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	May 22, 1914
7. BIRTHPLACE (City and State or Foreign Country)	Williamsport, Indiana
8a. WAS DECEDENT A U.S. VETERAN?	yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	Unknown
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number)	THE COMMUNITY HOSPITAL
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)	Jean M^C Coskey
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Realtor
12b. KIND OF BUSINESS/INDUSTRY	Real Estate
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Highland
13d. STREET AND NUMBER	8850 Woodward Avenue
13e. ZIP CODE	46322
13f. INSIDE CITY LIMITS	[ ] No [X] Yes
13g. ON A FARM?	[X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	College: 2

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Manford M^C Coskey
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Ada Montgomery

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Jean M^C Coskey
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	8850 Woodward Avenue Highland, Indiana 46322
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	[X] Burial [ ] Cremation [ ] Donation [ ] Other (Specify) [ ] Entombment [ ] Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	June 14, 1993 Calumet Park Cemetery
21c. LOCATION—City or Town, State	Merrillville, Indiana
22a. EMBALMER'S NAME	David R. Peterson
22b. EMBALMER'S LICENSE NO.	FD08601585
23. WAS DEATH REPORTED TO CORONER?	[X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD01014517
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Kuiper Funeral Home 9039 Kleinman Road Highland Indiana 46322 FDH3007500

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

JUN 14 1993

[signature] MD
LAKE COUNTY HEALTH COMMISSIONER

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. End Stage Renal Disease
DUE TO (OR AS A CONSEQUENCE OF):
b. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

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

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)
n/a	no	n/a

CERTIFIER

29a. CERTIFIER (Check only one)
- [X] 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.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
James Greenwald MD	20603	JUNE 11, 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. JAMES GREENWALD, M. D. P. O. BOX 647 HAMMOND, INDIANA 46325

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
[signature] MD	June 14, 1993

CORONER USE ONLY

Field	Entry
33. MANNER OF DEATH	[ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
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.	

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Trust + Asset Management Group
Mercantile Bank of Ind.
5243 Hohman Ave.
Hammond, In. 46320

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER PD 1

FILED MAR 03 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

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