* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 050710

19350

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. # 9-332-22

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First Middle Last): ANNE OPINKER	2. SEX: Female	3a. TIME OF DEATH: 5:30 P M	3b. DATE OF DEATH (Month Day Yr): March 13, 2000
4. *SOCIAL SECURITY NUMBER: 306-01-9867	5a. AGE—Last Birthday (Years): 83	5b. UNDER 1 YEAR (Months, Days) / 5c. UNDER 1 DAY (Hours, Minutes)	6. DATE OF BIRTH (Mo Day Yr): November 16, 1916
7. BIRTHPLACE (City and State or Foreign Country): East Chicago, Indiana			
8a. WAS DECEDENT A US VETERAN?: No	8b. YEAR LAST SERVED IN US ARMED FORCES?: ---	9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Other (Specify) ☐ Residence	
9b. FACILITY NAME (If not institution give street and number): Lutheran Home of Northwest Indiana	9c. CITY TOWN OR LOCATION OF DEATH: Crown Point	9d. COUNTY OF DEATH: Lake	
10. MARITAL STATUS (Specify): Widowed	11. SURVIVING SPOUSE (If wife give maiden name): ---	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker	12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE—STATE: Indiana	13b. COUNTY: Lake	13c. CITY TOWN OR LOCATION: Crown Point	13d. STREET AND NUMBER: 1200 East Luther Drive
13e. ZIP CODE: 46307	13f. INSIDE CITY LIMITS: ☐ No ☒ Yes; 13g. ON A FARM?: ☒ No ☐ Yes	14. CITIZEN OF WHAT COUNTRY?: U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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): 11; College (1-4 or 5+):		

PARENTS

18. FATHER'S NAME (First Middle Last): Peter Milosovich	19. MOTHER'S NAME (First Middle Maiden Surname): Mildred

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Jean Kish	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 319 Bluebird, Crown Point, IN 46307	20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): March 16, 2000 Calumet Park Cemetery	21c. LOCATION—City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: Amy DeMunck	22b. EMBALMER'S LICENSE NO: FI29900059	23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]	24b. LICENSE NUMBER (of Licensee): 1009893	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: PRUZIN & LITTLE FUNERAL SERVICE #3001261, 811 E Franciscan Dr, Crown Point, IN 46307

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Respiratory Failure	Hours
b. DUE TO (OR AS A CONSEQUENCE OF)	Chronic Obstructive Pulmonary Disease	Years
c. DUE TO (OR AS A CONSEQUENCE OF)		
d. DUE TO (OR AS A CONSEQUENCE OF)		

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: Anemia, Hypertension	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No	28a. WAS AN AUTOPSY PERFORMED? (Yes or no):	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): no

FILED

CERTIFIER

29a. CERTIFIER (Check only one)
☒ 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: J.A. Kacmar, M.D.	29c. MEDICAL LICENSE NO: 01027088	29d. DATE SIGNED (Month Day Year): 3/15/00

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Joseph Kacmar, M.D., 123 North Court Street, Crown Point

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams MD | 32. DATE FILED (Month Day Year): March 15, 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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			

MAR 15 2000

SDH06-004 State Form 10110 (R4 3-93) Deathcer.PD 1

Mail To: Jean Kish 319 BLUEBIRD AVE CR. POINT 46307

2000 020178

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD