



\* 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.

INDIANA STATE DEPARTMENT OF HEALTH

Lot 116 Edgeland Park 2nd Add.

Local No. .... 1666-95

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 Key# 18-28-192-16

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (DOUGLAS KINGMA), SEX (MALE), TIME OF DEATH (9:22 P.M.), DATE OF DEATH (JULY 22, 1995), SOCIAL SECURITY NUMBER (309-09-1372), AGE (77), DATE OF BIRTH (JULY 31, 1918), BIRTHPLACE (Lansing, IL), FACILITY NAME (THE COMMUNITY HOSPITAL), CITY/TOWN (MUNSTER), COUNTY (LAKE), MARITAL STATUS (Married), SURVIVING SPOUSE (Della Bukoll), OCCUPATION (Engineer), BUSINESS (Campbell Soup Co.), RESIDENCE (8114 Jefferson Ave.), FATHER'S NAME (John Kingma), MOTHER'S NAME (Rose Schoon), INFORMANT'S NAME (Della Kingma), ADDRESS (8114 Jefferson Munster, In 46321), RELATIONSHIP (Wife), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (July 26, 1995, Homewood Memorial Gardens), LOCATION (Homewood, II), EMBALMER'S NAME (Brian T. Burns), LICENSE NO (8601763), SIGNATURE OF FUNERAL DIRECTOR (Thomas J. Burns), LICENSE NUMBER (1045184), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Burns-Kish Funeral Home #30C4968, 8415 Calumet Munster, IN 46321), CAUSE OF DEATH (Hypertension, Chronic Obstructive Pulmonary Disease), PART II (Degenerative Joint Disease, Osteoarthritis), CERTIFIER (Richard L. Good, M.D., License No 27057, Signed July 27, 1995), HEALTH OFFICER (Richard L. Good, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY (APR 03 2000), PLACE OF INJURY (MUNSTER, INDIANA), DATE PRONOUNCED DEAD (JULY 27, 1995), MOTOR VEHICLE ACCIDENT? (No), PETER BENJAMIN LAKE COUNTY AUDITOR.

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER