key # 32-190-8

* **ATTENTION ESTATE:** Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal *

Local No. 380

RE-Submit

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

May 14, 1998 — Date Issued — Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Decedent name (First Middle Last)	Gerald Stanley Potosky
2. Sex	Male
3a. Time of death	11:15PM
3b. Date of death (Month Day Yr)	May 8, 1998
4. Social Security Number	303-42-2044
5a. Age - Last Birthday (Years)	59
5b. Under 1 year (Months, Days)	
5c. Under 1 day (Hours, Minutes)	
6. Date of birth (Mo Day Yr)	September 10, 1938
7. Birthplace (City and State or Foreign Country)	East Chicago, IN 46312
8a. Was decedent a U.S. veteran?	Yes
8b. Year last served in U.S. Armed Forces	1963
9a. Place of death (Check only one. See instructions)	Hospital: [ ] Inpatient [ ] ER/Outpatient [ ] DOA; Other: [ ] Nursing Home [X] Residence [ ] Other (Specify)
9b. Facility name (If not institution, give street and number)	7234 New Jersey
9c. City, town or location of death	Hammond
9d. County of death	Lake
10. Marital status (Specify)	Married
11. Surviving spouse (If wife, give maiden name)	Kathleen Lobone
12a. Decedent's usual occupation (Give kind of work done during most of working life. Do not use retired)	Auto painter
12b. Kind of business/industry	Auto repair
13a. Residence - State	IN
13b. County	Lake
13c. City, town or location	Hammond
13d. Street and number	7234 New Jersey Avenue
13e. Zip code	46323
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): 12; College (1-4 or 5+):

PARENTS

Field	Entry
18. Father's name (First Middle Last)	Frank Potosky
19. Mother's name (First Middle Maiden Surname)	Mary Rossa

INFORMANT

Field	Entry
20a. Informant's name (Type Print)	Kathleen Potosky
20b. Mailing address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	7234 New Jersey Avenue, Hammond, IN 46323
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. Method of disposition	[X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. Date and place of disposition (Name of cemetery, crematory or other place)	May 12, 1998 St. Joseph Cemetery
21c. Location - City or Town, State	Hammond, IN
22a. Embalmer's name	James W. Gholston
22b. Embalmer's license no.	1004194
23. Was death reported to coroner?	[ ] No [X] Yes
24a. Signature of funeral director	[signature]
24b. License number (of Licensee)	FD0890006
25. Name, address and license number of funeral home	3002869 Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323

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. Lymphoma
DUE TO (OR AS A CONSEQUENCE OF)
b.
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

Field	Entry
27. Was decedent pregnant or 90 days 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)	No

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.

Field	Entry
29b. Signature and title of certifier	R Drasga
29c. Medical license no.	01031484
29d. Date signed (Month Day Year)	5/11/98
30. Name and address of person who completed cause of death (Item 26) (Type Print)	Ray Drasga M.D., 8127 Merrillville Rd., Merrillville, IN 46410

HEALTH OFFICER

Field	Entry
31. Health officer's signature	[signature] M.D.
32. Date filed (Month Day Year)	May 14, 1998

FILED

Field	Entry
33. Manner of death	[X] 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)	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.	No

SDH06-004 State Form 10110 04 (R4 / 3-93) DEATHCERPD 1

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2000 MAY -1 AM 11:54

MORRIS W. CARTER RECORDER

MAY 01 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

3106 900

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RECORDER'S OFFICE SEAL INDIANA