

ATTENTION STATE: 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

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

Local No. 592

CERTIFICATE OF DEATH

State July 25, 1994 Date Issued *Frank J. Remuda, M.D.* Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Kathleen A. Maris		2 SEX Female	3a TIME OF DEATH 6:30 p.m.	3b DATE OF DEATH (Month, Day, Yr) July 23, 1994	
4 SOCIAL SECURITY NUMBER 323-36-0261	5a AGE—Last Birthday (Years) 2009	5b UNDER 1 YEAR Months Days 052500	5c UNDER 1 DAY Hours Minutes 052500	6 DATE OF BIRTH (Mo, Day, Yr) July 13, 1943	
7 BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS	8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES? NONE	9 PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9a FACILITY NAME (If not institution, give street and number) ST. MARGARET MERCY		9c CITY, TOWN, OR LOCATION OF DEATH HAMMOND	9d COUNTY OF DEATH LAKE		
10 MARITAL STATUS MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) DENNIS P. MARIS	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 ILLINOIS	13b COUNTY COOK	13c CITY, TOWN, OR LOCATION CALUMET CITY	13d STREET AND NUMBER 418 156 Place		
13e ZIP CODE 60409	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12		18 FATHER'S NAME (First, Middle, Last) ALEXANDER RAFALSKI			
19 MOTHER'S NAME (First, Middle, Maiden Surname) KATHERINE NOWAKOWSKI		20a INFORMANT'S NAME (Type/Print) DENNIS P. MARIS			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 418 156 Place, Calumet City, Illinois 60409		20c Relationship HUSBAND			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input 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) July 26, 1994, HOLY CROSS CEMETERY, CALUMET CITY, ILLINOIS		21c LOCATION—City or Town, State 60409 ILLINOIS	
22a EMBALMER'S NAME HENRY BLAKE		22b EMBALMER'S LICENSE NO. #01019406	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>H. Blake</i>		24b LICENSE NUMBER (of Licensee) #01019406	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Kish Funeral Homes, Hammond, Ind. #3002819 CASTLE HILL FUNERAL HOME, 248 155 Place CALUMET CITY, ILLINOIS 60409		
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as death, heart failure, arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Hyperkalemia induced Arrhythmia DUE TO (OR AS A CONSEQUENCE OF) b. Diabetic Nephrosclerosis DUE TO (OR AS A CONSEQUENCE OF) c. Diabetes Mellitus 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 End Stage Renal Disease Fracture left hip					
27. WAS DECEDENT PREGNANT ON 90 DAYS POSTPARTUM? (Yes or no) NO		28. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 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>Thomas C. Golubski, M.D.</i>		29c. MEDICAL LICENSE NO. 01035170	29d. DATE SIGNED (Month, Day, Year) July 25/94		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 28) (Type/Print) T. C. Golubski, M. D. 569 Tyler St. Gary Ind. 46402					
31. HEALTH OFFICER'S SIGNATURE <i>Frank J. Remuda, M.D.</i>			32. DATE FILED (Month, Day, Year) JUL 25 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
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.			

CAST 9.00 AM

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