

* 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

CERTIFICATE OF DEATH

State No.

Local No. 0183-99

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (HELEN SALUS), SEX (FEMALE), TIME OF DEATH (1:15 A.M.), DATE OF DEATH (JANUARY 20, 1999), SOCIAL SECURITY NUMBER (313-30-7369), AGE (65), DATE OF BIRTH (Feb. 28, 1933), BIRTHPLACE (East Chicago, IN), FACILITY NAME (THE COMMUNITY HOSPITAL), CITY/TOWN (MUNSTER), COUNTY (LAKE), MARITAL STATUS (Married), SURVIVING SPOUSE (Joseph Salus), DECEASED'S USUAL OCCUPATION (Homemaker), RESIDENCE (IN, Lake, Griffith, 1941 W. Ash), ZIP CODE (46319), CITIZEN OF (U.S.A.), RACE (White), FATHER'S NAME (Frank Babinec), MOTHER'S NAME (Helen Tapak'), INFORMANT'S NAME (Joseph Salus), MAILING ADDRESS (1941 W. Ash Griffith, IN 46319), RELATIONSHIP (Husband), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (January 22, 1999, Regional Cremation SV, Munster, IN), SIGNATURE OF FUNERAL DIRECTOR (Thomas J. Burns), LICENSE NUMBER (1045184), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Burns-Kish Funeral Home #8800135, 921 W. 45th Griffith, IN 46319), PART I (Dilated cardiomyopathy of the heart), PART II (Other significant conditions), CERTIFIER (Fred Adler, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY (JAN 22 1999), TIME OF INJURY (9:00 PM), PLACE OF INJURY (Home), LOCATION (Munster, IN), DATE PRONOUNCED DEAD (JANUARY 22, 1999), MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

COMMUNITY TITLE COMPANY FILE NO 23611

CERTIFIER

HEALTH OFFICER



FILED

PETER BENJAMIN LAKE COUNTY AUDITOR