

INDIANA STATE BOARD OF HEALTH

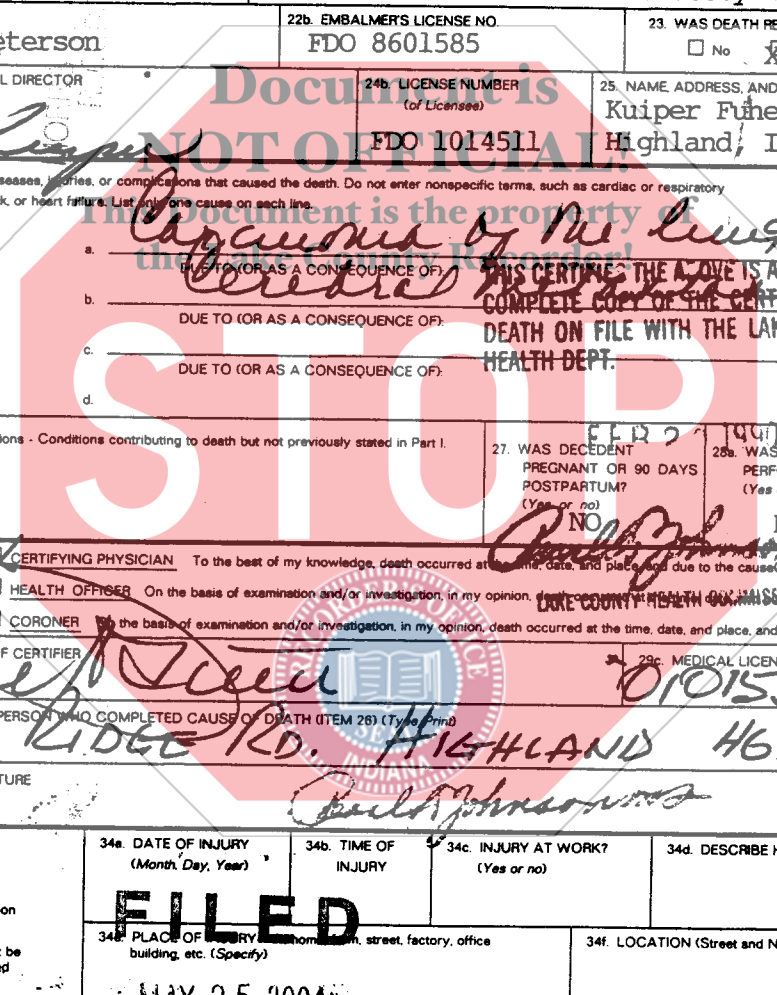
Local No. 449-90

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>Jonas Kriauceliunas</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>11:05 A.M.</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>February 17, 1990</b>	
4. SOCIAL SECURITY NUMBER <b>317-32-6449</b>	5a. AGE—Last Birthday (Years) <b>80</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) <b>Nov. 10, 1909</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Lithuania</b>	8a. WAS DECEASED A U.S. VETERAN? <b>N/A</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) <b>8143 Grace St.</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Highland</b>	9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Stase Abraityte</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Black Smith</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Manufacturing</b>		
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Highland</b>	13d. STREET AND NUMBER <b>8143 Grace St.</b>		
13e. ZIP CODE <b>46322</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEASED OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>4</b> College (1-4 or 5+) <b>4</b>		18. FATHER'S NAME (First, Middle, Last) <b>Juozas Kriauceliunas</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ona Aelite</b>		20. INFORMANT'S NAME (Type/Print) <b>Stase Kriauceliunas</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>8143 Grace St. Highland, Indiana</b>		20c. Relationship <b>Wife</b>			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>February 20, 1990</b> <b>St. Casimir Lithuanian Cemetery</b>		21c. LOCATION—City or Town, State <b>Oaklawn, Illinois</b>	
22a. EMBALMER'S NAME <b>David Peterson</b>		22b. EMBALMER'S LICENSE NO. <b>FDO 8601585</b>	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David Peterson</i>		24b. LICENSE NUMBER (of Licensee) <b>FDO 1014511</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500</b>		
26. PART I. Enter the disease, 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. THE (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death <b>6 Mths</b>	
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF)			
		c. DUE TO (OR AS A CONSEQUENCE OF)			
		d. DUE TO (OR AS A CONSEQUENCE OF)			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>	
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) and manner as stated.		29c. MEDICAL LICENSE NO. <b>01015522</b>			
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Paul Johnson</i>		29d. DATE SIGNED (Month, Day, Year) <b>2/19/90</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>2641 RIDGE RD. HIGHLAND 46322</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>				32. DATE FILED (Month, Day, Year) <b>FEB 20, 90</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 (Home, 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. <b>002089</b>			



unit # 16  
Key # 27-325-4  
Homestead Gardens  
lot 4 Block 18  
Master Add Bks 18+19

CORONER USE ONLY

FILED  
MAY 25 2004  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

9-M.V.