

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to sue its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2215-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PE/PRINT
IN
PERMANENT
ACK INK

DECEDENT

MENTS

ORMANT

POSITION

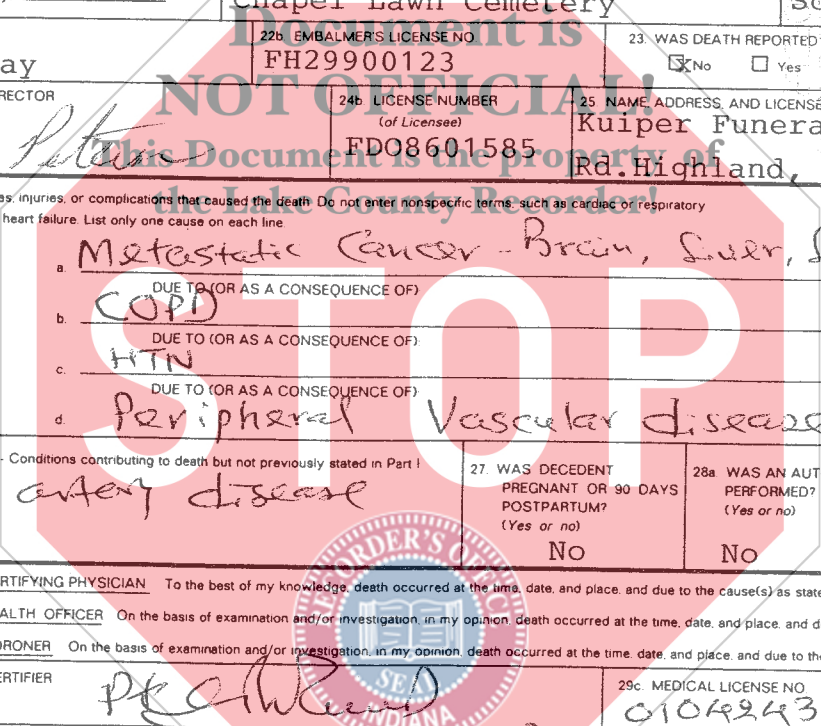
USE OF
ATH

ITIFIER

LTH
ICER

1. DECEASED—NAME (First, Middle, Last) John K. Milch				2. SEX Male		3a. TIME OF DEATH 5:50 P_M		3b. DATE OF DEATH (Month, Day, Yr.) September 20, 2003							
4. *SOCIAL SECURITY NUMBER 315-09-8684		5a. AGE—Last Birthday (Years) 83		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) Jan. 19, 1920		7. BIRTHPLACE (City and State or Foreign Country) Roby, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence											
9b. FACILITY NAME (If not institution, give street and number) 938 W. Ash Street						9c. CITY, TOWN, OR LOCATION OF DEATH Griffith			9d. COUNTY OF DEATH Lake						
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Olivia Evon		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Fireman				12b. KIND OF BUSINESS/INDUSTRY Fire Department							
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Griffith			13d. STREET AND NUMBER 938 W. Ash Street								
13e. ZIP CODE 46319		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A		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) 8 College (1-4 or 5+) 					
18. FATHER'S NAME (First, Middle, Last) Kuzmar Kuzmich						19. MOTHER'S NAME (First, Middle, Maiden Surname) Olga (Unavailable)									
20a. INFORMANT'S NAME (Type/Print) Olivia Milch				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 938 W. Ash St. Griffith, In. 46319				20c. Relationship Wife							
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) September 24, 2003 Chapel Lawn Cemetery				21c. LOCATION (City or Town, State) Schererville, Indiana							
22a. EMBALMER'S NAME Henry Gray				22b. EMBALMER'S LICENSE NO. FH29900123		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jared A. Patten</i>				24b. LICENSE NUMBER (of Licensee) FDO8601585		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, In. 46322 FH19900008									
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Cancer - Brain, Liver, Lung DUE TO (OR AS A CONSEQUENCE OF) b. COPD DUE TO (OR AS A CONSEQUENCE OF) c. HTN DUE TO (OR AS A CONSEQUENCE OF) d. Peripheral Vascular Disease PART II. Other significant conditions Conditions contributing to death but not previously stated in Part I Coronary artery disease										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) N/A	
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.															
29b. SIGNATURE AND TITLE OF CERTIFIER <i>PK [Signature]</i>						29c. MEDICAL LICENSE NO. C1042431		29d. DATE SIGNED (Month, Day, Year) 9/22/03							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) PIYALI KESHUANI, MD 8731 Indianapolis Blvd. Highlands IN 46322															
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. B... [Signature]</i>															
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) JUN 16 2005		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED SEP 22 2003						
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) STEPHEN R. STIGLICH LAKE COUNTY AUDITOR						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.									

1116522
K# 26-255-27
Get 27 Northtown Estates lot Add to Griffith P 635 pg 81



FILED
JUN 16 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE DEPARTMENT OF HEALTH
SEP 22 2003
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