

INDIANA STATE DEPARTMENT OF HEALTH

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

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.

Local No. 661

CERTIFICATE OF DEATH

Date Issued March 21, 2006 Hammond Health Commissioner

26-36-0492-0047

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1. DECEASED-NAME (Thomas F Donovan), 2. SEX (Male), 3a. TIME OF DEATH (4:50 P M), 3b. DATE OF DEATH (October 9, 2005), 4. SOCIAL SECURITY NUMBER (316-54-8660), 5a. AGE (57), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (July 11, 1948), 7. BIRTHPLACE (Hammond, IN), 8a. WAS DECEDENT A U.S. VETERAN? (No), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a. FACILITY NAME (St. Margaret Mercy Hospital), 9b. CITY, TOWN, OR LOCATION OF DEATH (HAMMOND), 9c. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Never Married), 11. SURVIVING SPOUSE (N/A), 12a. DECEDENT'S USUAL OCCUPATION (Janitor), 12b. KIND OF BUSINESS/INDUSTRY (School City), 13a. RESIDENCE-STATE (IN), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Hammond), 13d. STREET AND NUMBER (7036 Baring Ave.), 13e. ZIP CODE (46324), 13f. INSIDE CITY LIMITS (Yes), 13g. ON A FARM? (No), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (12), 18. FATHER'S NAME (Edward Donovan), 19. MOTHER'S NAME (Margaret Doolin), 20a. INFORMANT'S NAME (Richard Donovan), 20b. MAILING ADDRESS (1830 Oliver St. Whiting, IN 46394), 20c. Relationship (Brother), 21a. METHOD OF DISPOSITION (Cremation), 21b. DATE AND PLACE OF DISPOSITION (October 13, 2005, Regional Cremation), 21c. LOCATION (Munster, IN), 22a. EMBALMER'S NAME (NONE), 22b. EMBALMER'S LICENSE NO. (NONE), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR (Brian I. Burns), 24b. LICENSE NUMBER (8601763), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Burns-Kish Funeral Home #3002819, 5840 Hohman Ave., Hammond, IN 46320), 26. PART I: IMMEDIATE CAUSE (Hepatic failure, renal failure, morbid obesity, possible CVA), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (CERTIFYING PHYSICIAN), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO. (01052692), 29d. DATE SIGNED (October 16, 2005), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (DR. Beauregard, 8499 Hohman Ave. Hammond, IN 46324), 31. HEALTH OFFICER'S SIGNATURE (Peggy Holinga Katona), 32. DATE FILED (October 11, 2005), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY (MAR 22 2006), 34b. TIME OF INJURY, 34c. INJURY AT WORK? (No), 34d. DESCRIBE HOW INJURY OCCURRED (PEGGY HOLINGA KATONA, LAKE COUNTY AUDITOR), 34e. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify)), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No)

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.



Peter Katic
Signature of Declarant

PETER KATIC
Printed Name of Declarant