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

ocal No. 1876-06

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

State No. 2006 069202

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-6

2006 AUG 04 AM 10:56

YPE/PRINT IN ERMANENT LACK INK

1. DECEASED—NAME (First, Middle, Last) Steve P. →Susko, Sr.	2. SEX male	3a. TIME OF DEATH 1:00AM	3b. DATE OF DEATH (Mo., Day, Yr.) August 5, 2006		
4. *SOCIAL SECURITY NUMBER 317-14-8618	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) January 14, 1923	7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana
8a. WAS DECEDENT A U.S. VETERAN? yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1951	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER: ☐ Nursing Home ☒ Other (Specify) ☐ Residence		
9b. FACILITY NAME (If not institution, give street and number) William J. Riley Residency-Hospice	9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) married	11. SURVIVING SPOUSE (If wife, give maiden name) →Betty Glasgow	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Welder	12b. KIND OF BUSINESS/INDUSTRY Petroleum		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 3138 Duluth Street		
13e. ZIP CODE 46322	13f. INSIDE CITY LIMITS ☐ No ☒ Yes	13g. ON A FARM? ☒ No ☐ Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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 +):					
18. FATHER'S NAME (First, Middle, Last) Andrew Susko	19. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Zalepa				
20a. INFORMANT'S NAME (Type/Print) Julie Stivers	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3744 42nd Place Highland, Indiana 46322	20c. Relationship daughter			
21a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 8, 2006 St. John Cemetery	21c. LOCATION—City or Town, State Hammond, Indiana			
22a. EMBALMER'S NAME Timothy Bowler	22b. EMBALMER'S LICENSE NO. FD20200035	23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR Leonard Muszynski	24b. LICENSE NUMBER (of Licensee) FD08800305	25. NAME AND ADDRESS OF FUNERAL HOME Kuhnert Funeral Home 9039 Kleinman Road Highland, Indiana 46322	25a. LICENSE NUMBER OF FUNERAL HOME FH10300021		

FILED AUG 09 2006 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

CAUSE OF ATH

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.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

Immediate cause (final disease or condition resulting in death): a. PNEUMONIA

Conditions, if any, which gave rise to the immediate cause (a) stating the underlying cause last: b. DUE TO (OR AS A CONSEQUENCE OF): 9 2006 c. CARDIOMYOPATHY

d. DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

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) No

RTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO. 01087760A	29d. DATE SIGNED (Month, Day, Year) 8/7/06

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr Leonard Buccellato 761-45th Munster IN 46321

ALTH FICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year) August 8, 2006
Susan W Bost D.O.	

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1