ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

33-44-0180-0006

Hold: Sherry

Local No. 1810-99

165240

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

25-44-287-19

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED - NAME (First, Middle, Last): RONALD OSTROWSKI
2. SEX: Male
3a. TIME OF DEATH: 8:48 AM
3b. DATE OF DEATH (Month, Day, Yr.): August 4, 1999
4. *SOCIAL SECURITY NUMBER: 308-50-6121
5a. AGE - Last Birthday (Years): 52
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo., Day, Yr.): May 02,1947
7. BIRTHPLACE (City and State or Foreign Country): EAST CHICAGO Indiana
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1970

PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☒ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number): 1330 W. 97TH PLACE
9c. CITY, TOWN, OR LOCATION OF DEATH: CROWN POINT
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): MARSHA J KOZIATEK
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): BAIL BONDSMAN
12b. KIND OF BUSINESS/INDUSTRY: AMERICAN BAIL BOND
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: CROWN POINT
13d. STREET AND NUMBER: 1330 W. 97TH PL.
13e. ZIP CODE: 46307
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+): N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last): RAYMOND J OSTROWSKI
19. MOTHER'S NAME (First, Middle, Maiden Surname): FRANCES SPISAK

INFORMANT

20a. INFORMANT'S NAME (Type/Print): MARSHA J OSTROWSKI
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1330 W. 97TH PL., CROWN POINT, IN 46307
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): August 6, 1999 N.W. Ind. Cremation Services
21c. LOCATION - City or Town, State: Crown Point, Indiana
22a. EMBALMER'S NAME: N/A
22b. EMBALMER'S LICENSE NO.: N/A
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: James F. Burns
24b. LICENSE NUMBER (of Licensee): FD01009461
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns Funeral Home FH83002445, 10101 Broadway, Crown Point, Indiana 46307-8801

CAUSE OF DEATH

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Rectal Cancer
DUE TO (OR AS A CONSEQUENCE OF):
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.

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

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U): 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):

CERTIFIER

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: R Drasga
29c. MEDICAL LICENSE NO.: 01031484
29d. DATE SIGNED (Month, Day, Year): 8/5/99
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. RAY DRASGA 8127 MERRILLVILLE ROAD, MERRILLVILLE, INDIANA, IN

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S Williams, M.D.
32. DATE FILED (Month, Day, Year): August 9, 1999

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Y or N)
34d. DESCRIBE HOW INJURY OCCURRED
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): August 4, 1999
34h. MOTOR VEHICLE ACCIDENT? If yes, specify driver, passenger, pedestrian, etc.

State Form 10110 (R4/3-93) Deathcer/DB 1

FILED

DEC 06 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2006 100996

2006 DEC -6 AM 10:

MICHAEL A. BROWN RECORDER

FILED FOR RECORD

STATE OF INDIANA LAKE COUNTY

THIS CERTIFIES THE ABOVE IS A TRUE COPY OF THE CERTIFICATE OF DEATH ON FILE IN THIS DEPARTMENT

DEC 05 2006

24847

11 — CS/DS