

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. _____

Local No. 956-06

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 COMMUNITY TITLE COMPANY FILE NO 237791

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Donald A. Baranowski				2. SEX Male		3a. TIME OF DEATH 9:59 PM		3b. DATE OF DEATH (Month, Day, Yr.) April 16, 2006	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE-Last Birthday (Years) 75		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) June 3, 1930	
7. BIRTHPLACE (City and State or Foreign Country) Calumet City, Illinois		8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1953		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" 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) Community Hospital				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) Wilma Mosca		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor		12b. KIND OF BUSINESS/INDUSTRY Steel			
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland		13d. STREET AND NUMBER 9414 Erie Street		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
13a. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. AS 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	
18. FATHER'S NAME (First, Middle, Last) John Baranowski				19. MOTHER'S NAME (First, Middle, Maiden Surname) Stella Rozak					
20a. INFORMANT'S NAME (Type/Print) Randy Baranowski				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9247 Grace Street, Highland, IN 46322				20c. Relationship Son	
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) April 22, 2006 Chapel Lawn Memorial Gardens				21c. LOCATION (City or Town, State) Schererville, Indiana	
22a. EMBALMER'S NAME Timothy Bowler				22b. EMBALMER'S LICENSE NO. FD20500035		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tara J. Wright</i>				24b. LICENSE NUMBER (of Licensee) FD20400058		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322		25. LICENSE NUMBER OF FUNERAL HOME FH10300021	
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. <i>Squamous cell cancer of lung</i> DUE TO (OR AS A CONSEQUENCE OF):									
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 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			
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>Gerard Davidson DO</i>						29c. MEDICAL LICENSE NO. 02000745		29d. DATE SIGNED (Month, Day, Year) 4-19-06	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Gerard Davidson DO 840 Richard Road, Apt 103, Fr 46311									
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best DO</i>						32. I HEREBY CERTIFY THAT THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH AND WAS FILED IN THE LAKE COUNTY HEALTH DEPARTMENT April 19, 2006			
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) FILED JUN 22 2007		34b. TIME OF INJURY (Specify) INJURY AT WORK?		34d. DESCRIBE HOW INJURY OCCURRED APR 19 2006		
34a. PLACE OF INJURY-At home, farm, street, factory, office, building, etc. (Specify) LAKE COUNTY AUDITOR					34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 008303				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE LICENSE NUMBER (If driver, specify driver, passenger, pedestrian, etc.) LAKE COUNTY AUDITOR			34i. COUNTY OF DEATH LAKE			