



ATTENTION ESTATE: The Social Security # is 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. 329 - 0.5

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

REPRINT IN PERMANENT INK

DECEDENT

IDENTIFIERS

FORMANT

POSITION

USE OF

TIFIER

LTH ICER

1. DECEASED—NAME (First, Middle, Last) <b>RICHARD J. JUDNICK</b>		2. SEX <b>MALE</b>		3a. TIME OF DEATH <b>12:34 PM</b>		3b. DATE OF DEATH (Month, Day, Yr) <b>FEBRUARY 3, 2005</b>	
4. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>		5a. AGE—Last Birthday (Years) <b>81</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) <b>JUNE 24, 1923</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>JOLIET, IL</b>		8a. WAS DECEDENT A U.S. VETERAN? <b>YES</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>	
9a. FACILITY NAME (If not institution, give street and number) <b>ST. MARGARET MERCY SOUTH</b>		9b. CITY, TOWN, OR LOCATION OF DEATH <b>DYER</b>		9c. COUNTY OF DEATH <b>LAKE</b>		9d. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
10. MARITAL STATUS (Specify) <b>MARRIED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Jennie Tarselich</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Supervisor</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Atlantic Richfield</b>	
13a. RESIDENCE—STATE <b>IN</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>St John</b>		13d. STREET AND NUMBER <b>10004 Hunters Run</b>	
13e. ZIP CODE <b>46373</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
16. RACE—American Indian, Black, White, etc. (Specify) <b>white</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) <b>Jacob Judnick</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ann Stuckel</b>	
20a. INFORMANT'S NAME (Type/Print) <b>Jennie Judnick</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>10004 Hunters Run, St. John</b>		20c. Relationship <b>Wife</b>		21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)	
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>February 7, 2005</b>		21c. LOCATION—City or Town, State <b>Schererville, IN</b>		22a. EMBALMERS NAME <b>James F. Betkowski</b>		22b. EMBALMERS LICENSE NO. <b>FD0900077</b>	
23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		24a. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>		24b. LICENSE NUMBER (of Licensee) <b>FD09200077</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Elmwood Chapel FHD#19900052 11300 W 97th Ln St John, IN</b>	
26. PART I. Enter the disease, 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. <b>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> Approximate Interval Between Onset and Death							
27. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) b. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last 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.							
28a. 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) as stated.		28b. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		28d. DATE SIGNED (Month, Day, Year) <b>2/4/05</b>	
29a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29b. MEDICAL LICENSE NO. <b>01056354</b>		29c. DATE SIGNED (Month, Day, Year) <b>2/4/05</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>L HACKENBERRY 10200 WILBUR ST JOHN IN 46373</b>							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		31a. THIS CERTIFIER THE ABOVE COPY OF THE CERTIFICATE LAKE COUNTY HEALTH DEPT		31b. IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE LAKE COUNTY HEALTH DEPT DATE FILED (Month, Day, Year) <b>FEB 24 2005</b>			
32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		33a. DATE OF INJURY (Month, Day, Year)		33b. TIME OF INJURY		33c. INJURY AT WORK? (Yes or no)	
33d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		33e. DESCRIBE HOW INJURY OCCURRED <b>JUN 1 2007</b>					
34a. DATE PRONOUNCED DEAD (Month, Day, Year)		34b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					