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

Local No. 2932-07 State No. 26-33-0023-0056

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

**TYPE/PRINT IN PERMANENT BLACK INK**

**DECEDENT**

| 1. DECEASED-NAME (First, Middle, Last) | 2. SEX | 3a. TIME OF DEATH | 3b. DATE OF DEATH (Month, Day, Yr.) |
|---|---|---|---|
| Ronald W. Zisoff | Male | 19:40 PM | December 6, 2007 |

| 4. SOCIAL SECURITY NUMBER | 5a. AGE-Last Birthday (Years) | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo, Day, Yr.) | 7. BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 309-46-4088 | 62 | | | June 5, 1945 | Hammond, Indiana |

| 8a. WAS DECEDENT A U.S. VETERAN? | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a. PLACE OF DEATH (Check only one. See instructions.) |
|---|---|---|
| No | None | HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence |

| 9b. FACILITY NAME (If not institution, give street and number) | 9c. CITY, TOWN, OR LOCATION OF DEATH | 9d. COUNTY OF DEATH |
|---|---|---|
| Community Hospital | Munster | Lake |

| 10. MARITAL STATUS (Specify) | 11. SURVIVING SPOUSE (If wife, give maiden name) | 12a. DECEDENT S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 12b. KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Widowed | None | Owner | Auto Body Shop |

| 13a. RESIDENCE-STATE | 13b. COUNTY | 13c. CITY, TOWN, OR LOCATION | 13d. STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Hammond | 3225 Kenwood Street |

| 13a. ZIP CODE | 13f. INSIDE CITY LIMITS | 13g. ON A FARM? | 14. CITIZEN OF WHAT COUNTRY? | 15. AS DECEDENT OF HISPANIC ORIGIN? | 16. RACE-American Indian, Black, White, etc. (Specify) | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|---|---|---|---|
| | | | | | | Elementary/Secondary (0-12) | College (1-4 or 5+) |
| 46323 | ☐ No ☒ Yes | ☒ No ☐ Yes | USA | ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | White | 12 | |

**PARENTS**

| 18. FATHER'S NAME (First, Middle, Last) | 19. MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| William Zisoff | Harriet Zawislak |

**INFORMANT**

| 20a. INFORMANT'S NAME (Type/Print) | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 20c. Relationship |
|---|---|---|
| Annette Thompson | 6518 Idaho Ave Hammond, Indiana 46323 | Daughter |

**DISPOSITION**

| 21a. METHOD OF DISPOSITION | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 21c. LOCATION-City or Town, State |
|---|---|---|
| ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify) | December 10, 2007 St. John Cemetery | Hammond, Indiana |

| 22a. EMBALMER'S NAME | 22b. EMBALMER'S LICENSE NO | 23. WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| Steven Struck | FDO8600181 | ☒ No ☐ Yes |

| 24a. SIGNATURE OF FUNERAL DIRECTOR | 24b. LICENSE NUMBER (of Licensee) | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| Leonard Szczepanik | FDO8800305 | Kuiper Funeral Home FH10300021 9039 Kleinman Rd Highland, Indiana 46322 |

**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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Severe Congestive Heart Failure — Approximate Interval Between Onset and Death:

DUE TO (OR AS A CONSEQUENCE OF):

b. Markedly dilated left Ventricle

DUE TO (OR AS A CONSEQUENCE OF):

Conditions if any, which gave rise to the immediate cause, stating the underlying cause last.

c. Severe Mitral Regurgitation

DUE TO (OR AS A CONSEQUENCE OF):

d.

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

Ventricular Tachycardia; Elevated Liver Enzymes; Acute Cholecystitis; Severe Anemia; Resp Failure

| 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|
| | No | 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 | 29c. MEDICAL LICENSE NO | 29d. DATE SIGNED (Month, Day, Year) |
|---|---|---|
| Shashidhar Divakaruni, M.D. | 01040667 | 12/7/2007 |

**HEALTH OFFICER**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Shashidhar Divakaruni, M.D. 9116 Columbia Avenue Munster, IN 46321

31. HEALTH OFFICER'S SIGNATURE: Susan W. Brown, D.O.

32. DATE FILED (Month, Day, Year): December 7, 2007

FILED
DEC 18 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
25162

| 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 | | | | |

| 34a. 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 (R5/1-99)