



Tax Mail

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

8731 Crestwood Ave
Munster, IN 46321

Local No. 1121-08

State No.

1. Decedent's Legal Name (First, Middle, Last) Maureen Curtis				1a. Maiden Last Name (If Female) Shreibak		2. Sex Female	3. Time Of Death 7:26 AM	4. Date Of Death (Month/Day/Year) April 1, 2008	
5. Social Security Number 304-48-0965		6a. Age - Yrs 60	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) July 15, 1947		8. Birthplace (City And State Or Foreign Country) East Chicago, IN
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) Community Hospital									
12. City Or Town, State, And Zip Code Munster, IN 46321					13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name Richard Curtis			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Home	
18. Residence - State IN		18a. County Lake		18b. City Or Town Munster			18c. Street And Number 8731 Crestwood Dr.	18d. Apt. No.	18e. ZIP Code 46321
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. Decedent's Education 12/5+	20. Decedent Of Hispanic Origin No		21. Decedent's Race White			22. Father's Name (First, Middle, Last) Martin Shreibak	23. Mother's Name (First, Middle, Last) Cleona Shreibak	
22. Mother's Maiden Last Name Nobin	24. Informant's Name Richard Curtis	24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 8731 Crestwood Dr. Munster, IN 46321					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Memory Lane			25c. Location - City, Town, And State Schererville, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility Burns-Kish Funeral Home 8415 Calumet Munster, IN 46321						27a. Funeral Home License Number: 3004968		
27b. Signature Of Indiana Funeral Service Licensee: Thomas J. Burns	27c. License Number (Of Licensee): 1045184					28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Ovarian cancer</u> Due To (Or As A Consequence Of) B. _____ Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Approximate Interval: Onset To Death 8 Months			
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I	29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year	33. Manner Of Death: JNA Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	34. Date Of Injury (Month/Day/Year) N.A.						
35. Time Of Injury	36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)	37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: James B. Walsh						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: J. Walsh, MD 9122 Columbia Ave. Munster, IN 46321						44. License Number 01827487	45. Date Certified April 3, 2008		
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature Of Local Health Officer: Susan J. But. D.O.						49. For Registrar Only - Date Filed (Month/Day/Year): April 4, 2008 014806			

