

NOTION ESTATE: The Social Security # is requested by this state agency in order to its statutory responsibility. Disclosure is required and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No.

No. 1110-05

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

PRINT IN PERMANENT INK

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POSITION

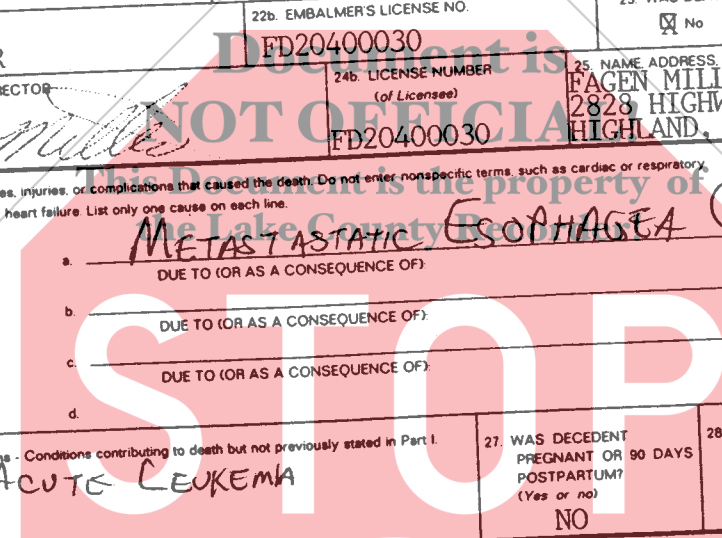
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) LOUIS EDWARD GOLEC		2. SEX MALE	3a. TIME OF DEATH 4:12 P.M.	3b. DATE OF DEATH (Month, Day, Year) APRIL 15, 2005
4. *SOCIAL SECURITY NUMBER 306-38-8952	5a. AGE—Last Birthday (Years) 64	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Yr.) SEPTEMBER 24, 1940
8a. WAS DECEDENT A U.S. VETERAN? YES	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 2003	7. BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, INDIANA		
9a. FACILITY NAME (If not institution, give street and number) 1929 SIR RICHARD ROAD		9b. YEAR LAST SERVED IN U.S. ARMED FORCES? MARCH 9, 1963	9c. PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
9d. COUNTY OF DEATH LAKE		9e. CITY, TOWN, OR LOCATION OF DEATH SCHERERVILLE		9f. COUNTY OF DEATH LAKE
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) BARBARA KRIZMIS	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MECHANIC		12b. KIND OF BUSINESS/INDUSTRY STEEL
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION SCHERERVILLE
13d. ZIP CODE 46375	13e. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS 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
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):		18. FATHER'S NAME (First, Middle, Last) LOUIS BERNARD GOLEC		
19. MOTHER'S NAME (First, Middle, Maiden Surname) HELEN JOSEPHINE PRUCY		20. MOTHER'S NAME (First, Middle, Maiden Surname) HELEN JOSEPHINE PRUCY		
20a. INFORMANT'S NAME (Type/Print) BARBARA GOLEC		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1929 SIR RICHARD ROAD, SCHERERVILLE, IN 46375		20c. Relationship WIFE
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <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 20, 2005 CHAPEL LAWN MEMORIAL GARDENS		21c. LOCATION—City or Town, State SCHERERVILLE, INDIANA
22a. EMBALMER'S NAME RICHARD MILLER		22b. EMBALMER'S LICENSE NO. FD20400030		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Richard Miller</i>		24b. LICENSE NUMBER (of Licensee) FD20400030		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN MILLER FUNERAL HOME FH83003035 2828 HIGHWAY AVENUE HIGHLAND, INDIANA 46322
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. METASTATIC ESOPHAGEAL CANCER 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. ACUTE LEUKEMIA				
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.		29c. MEDICAL LICENSE NO. 01036785		29d. DATE SIGNED (Month, Day, Year) 4/19/2005
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Mark E. Kevin, MD</i>		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MARK E. KEVIN, MD, 7905 CALUMET AVE, MUNSTER, IN 46321		
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>		32. DATE FILED (Month, Day, Year) April 19, 2005		
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)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no) FILED
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) LAKE COUNTY AUDITOR		34e. DESCRIBE HOW INJURY OCCURRED tr		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no)		34i. LOCATION (Street and Number or Rural Route Number, City or Town, State) 11-13

BURNETT TITLE INSURANCE CO. 08 00 619 BT 45-07-21-403-006-006-026



FILED
SEP - 2 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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