

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue 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. 3021-02

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Michael J. Kotecki		2 SEX Male		3 TIME OF DEATH 3:35 A M		3b DATE OF DEATH (Month, Day, Yr) December 28, 2002	
4 *SOCIAL SECURITY NUMBER 309-58-7464		5a AGE—Last Birthday (Years) 35		5b UNDER 1 YEAR Months Days		6 DATE OF BIRTH (Mo, Day, Yr) March 30, 1967	
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) Farm Field			
9b FACILITY NAME (if not institution, give street and number) 12719 Calumet Avenue				9c CITY, TOWN OR LOCATION OF DEATH Cedar Lake		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (if wife, give maiden name) Ann Stombaugh		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Operator		12b KIND OF BUSINESS/INDUSTRY Steel	
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY, TOWN OR LOCATION St. John		13d STREET AND NUMBER 9452 Northcote	
13e ZIP CODE 46373		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2		18 FATHER'S NAME (First, Middle, Last) Jerome W. Kotecki			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Arlene Ondra				20a INFORMANT'S NAME (Type/Print) Ann Kotecki		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9452 Northcote Ave. St. John, IN 46373	
20c Relationship Wife		21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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) January 2, 2003 Regional Cremation SV		21c LOCATION—City or Town, State Munster, IN	
22a EMBALMER'S NAME Brian T. Burns		22b EMBALMER'S LICENSE NO. 8601763		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes.			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Brian T. Burns</i>		24b LICENSE NUMBER (of Licensee) 8601763		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321			
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 Head and chest injuries DUE TO (OR AS A CONSEQUENCE OF) b Due to blunt force trauma DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d 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) Yes		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes			
29a CERTIFIER (Check only one) Chief Deputy <input checked="" 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. <input 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.							
29b SIGNATURE AND TITLE OF CERTIFIER <i>Susan W. Best</i>		29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month, Day, Year) Dec. 30, 2002			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307							
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</i>		32 DATE FILED (Month, Day, Year) December 30, 2002					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" 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) Dec. 28, 2002		34b TIME OF INJURY Unknown		34c INJURY AT WORK? (Yes or no) No	
34d DESCRIBE HOW INJURY OCCURRED Decedent struck an ammonia tank while driving a snowmobile.		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Farm Field		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 12719 Calumet Avenue Cedar Lake, Indiana			
34g DATE PRONOUNCED DEAD (Month, Day, Year) December 28, 2002		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No. <span style="float: right;">13690 11/10</span>					

DECEDENT

PARENTS

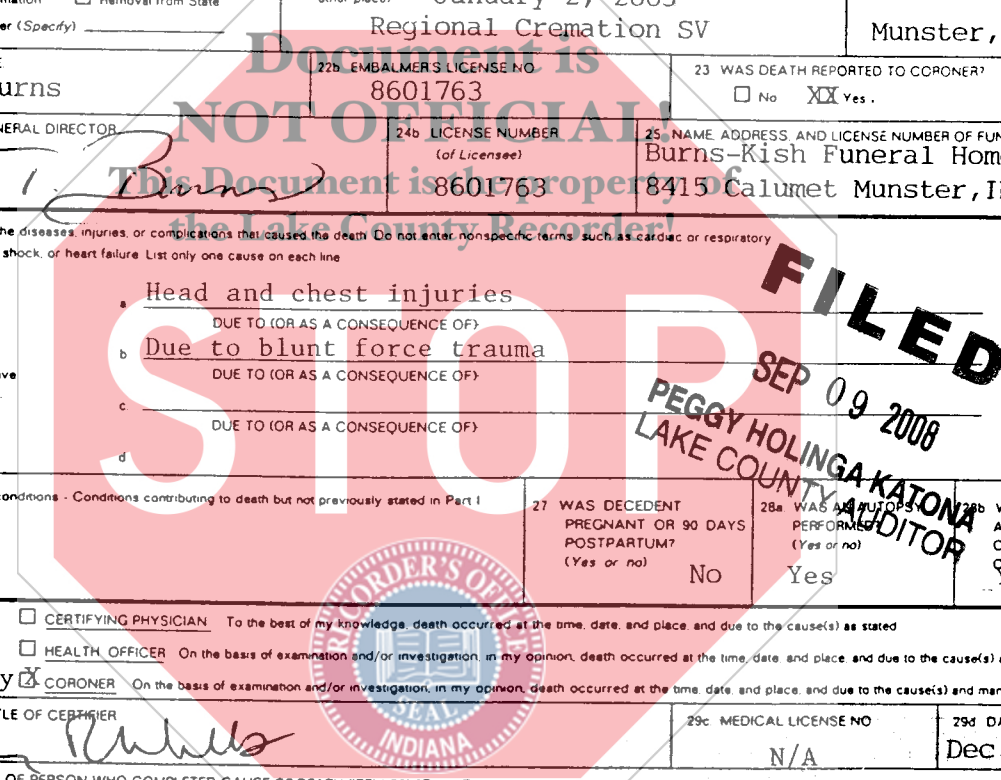
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



**FILED**  
SEP 09 2008  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

