

45-07-04-333-010-000-003

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 000063

State No.

1. Decedent's Legal Name (First, Middle, Last) Jerome E. Bielak				1a. Maiden Last Name (if Female)		2. Sex Male		3. Time Of Death 8:38 am		4. Date Of Death (Month/Day/Year) April 17, 2009		
5. Social Security Number 312-44-0615		6a. Age - Yrs 65		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) Oct. 19, 1943				8. Birthplace (City And State Or Foreign Country) East Chicago, Indiana								
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department <input type="checkbox"/> 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) West Central Community Hospital												
12. City Or Town, State, And Zip Code Clinton, Indiana 47842						13. County Of Death Vermillion			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 Sharon Bielak				15a. (If Wife) Give Maiden Last Name Wildt				16. Decedent's Usual Occupation Millwright		17. Kind Of Business/Industry Construction		
18. Residence - State Indiana			18a. County Parke			18b. City Or Town Montezuma			18d. Apt. No.		18e. Zip Code 47842	
18c. Street And Number 1756 S. Coxville Road									18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. Decedent's Education High School Graduate				20. Decedent Of Hispanic Origin Not Hispanic				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Joseph Bielak				23. Mother's Name (First, Middle, Last) Mary Bielak				23a. Mother's Maiden Last Name Salka				
24. Informant's Name Sharon Bielak			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 2732 162nd Pl., Hammond, IN. 46321						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Indiana Memorial & Cremation			25c. Location - City, Town, And State Indianapolis, Indiana						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Frist Funeral Home 458 Blackman St., Clinton, IN. 47842						27a. Funeral Home License Number FH 83000980				
27b. Signature Of Indiana Funeral Service Licensee <i>Cheryl M. Mack</i>						27c. License Number (Of Licensee) FD 09200007						
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. MYOCARDIAL INFARCTION Due To (Or As A Consequence Of) B. HYPERTENSION Due To (Or As A Consequence Of) C. DIABETES MELLITUS TYPE 2 Due To (Or As A Consequence Of) D. CHRONIC ARTERY DISEASE Due To (Or As A Consequence Of) Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. DIABETES MELLITUS TYPE 2, CHRONIC ARTERY DISEASE												
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 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: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year)		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 47842	
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 <i>J. F. Swaim</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death J. F. Swaim MD 503 Anderson St., Rockville, IN. 47872						44. License Number 20197		45. Date Certified 4-21-2009				
46. Additional Funeral Service Provider						47. *Akas						
48. Signature Of Local Health Officer <i>J. F. Swaim</i>						49. For Registrar Only - Date Filed (Month/Day/Year) April 22, 2009						

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CLERK OF SUPERIOR COURT
CLINTON, INDIANA

