



INDIANA STATE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD

1. Decedent's Legal Name (First, Middle, Last) ROSE MARY DATSKO		2. Sex Female		3. Time of Death 11:30 pm		4. Date Of Death (Month/Day/Year) August 8, 2009	
5. Social Security Number 314-14-4747		6a. Age - Yrs 88		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 4, 1921		8. Birthplace (City And State Or Foreign Country) Gary, Indiana	
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 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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) Miller's Merry Manor							
12. City Or Town, State, And Zip Code Portage, Indiana 46368				13. County Of Death Porter		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 Nick Datsko		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Inspector		17. Kind Of Business/Industry Manufacturing	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Lake Station		18c. Apt. No.	
18d. Zip Code 46405		18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 11			
20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino		21. Decedent's Race White		22. Father's Name (First, Middle, Last) Albert Caesar			
23. Mother's Name (First, Middle, Last) Raffaella Caesar		23a. Mother's Maiden Last Name Del Monte		24. Informant's Name Nick Datsko			
24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 2565 Newton St., Lake Station, IN 46405					
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) Calvary Cemetery		25c. Location - City, Town, And State Portage, IN 46368			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd. P.O. Box 488, Hobart, Indiana 46342				27a. Funeral Home License Number FH83003069	
27b. Signature Of Indiana Funeral Service Licensee: <i>James J. Brause</i>		27c. License Number (Of Licensee): FD01006463					
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. congestive heart failure		Due To (Or As A Consequence Of):		Approximate Interval: Onset To Death years	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		B. cardiomyopathy		Due To (Or As A Consequence Of):		years	
		C. arteriosclerotic heart disease		Due To (Or As A Consequence Of):		years	
		D.					
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I insulin dependent diabetes renal insufficiency				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input 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 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 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown / Pregnant Within 42 Days Of Death		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. Location Of Injury (Specify Location: 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 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR					
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>Donald Phillips MD</i>		42. Certifier (Check Only One) <input 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: Donald Phillips MD, 1356 Lake Park Ave. Hobart, IN 46342	
44. License Number 01020846		45. Date Certified 8/11/09		46. Additional Funeral Service Provider:		47. *A.C.S.:	
48. Signature of Local Health Officer: <i>May A. Babcock MD</i>		49. For Registrar Only - Date Filed (Month/Day/Year): August 12 2009					

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