

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 000045

State No.

1. Decedent's Legal Name (First, Middle, Last) DONALD A. JAMROSZ				1a. Maiden Last Name (if Female)		2. Sex M	3. Time Of Death 9:27 P.M.	4. Date Of Death (Month/Day/Year) FEBRUARY 26, 2009		
5. Social Security Number 316-42-2794	6a. Age Yrs 66	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) MARCH 16, 1942		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 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) ST. CATHERINE HOSPITAL										
12. City Or Town, State, And Zip Code EAST CHICAGO, INDIANA 46312					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 NANCY JAMROSZ			15a. (If Wife) Give Maiden Last Name ADAM			16. Decedent's Usual Occupation PIPEFITTER		17. Kind Of Business/Industry REBEL COMPANY		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND (WHITING P.O.)						
18c. Street And Number 2322 INDIANAPOLIS BLVD.					18d. Apt. No.	18e. Zip Code 46394	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High school graduate or GED completed			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JOSEPH JAMROSZ				23. Mother's Name (First, Middle, Last) MARY HELEN JAMROSZ			23a. Mother's Maiden Last Name KOWAL			
24. Informant's Name MRS. NANCY JAMROSZ			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2322 INDIANAPOLIS BLVD., WHITING, INDIANA 46394					
25. 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) MARCH 3, 2009 HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, ILLINOIS					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BARAN & SON, INC., 1235-119TH STREET, WHITING, INDIANA 46394								
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee) FDE01019456		27a. Funeral Home License Number: FDH83007267		
Cause Of Death (See Instructions And Examples)										
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.								Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Acute Myocardial Infarction</u>								minutes		
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. <u>Coronary Artery Disease</u>								years		
C. _____										
D. _____										
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 checked="" 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 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	
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) <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						42. Name, Address And Zip Code Of Person Certifying Cause Of Death: PEGGY HOLINGA R. AUSTIN LAKE COUNTY AUDITOR				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: PAULA BENCHIK-ABRINKO, M.D., 1534-119TH STREET WHITING, INDIANA 46394						44. License Number 01045434		45. Date Certified MAR. 2, 2009		
46. Additional Funeral Service Provider:						47. *Akas: #152				
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): 021305 3/9/09				

2009
 080706
 MICHAEL A. BROWN
 RECORDER
 2009 DEC - 11
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 STATE OF INDIANA
 LAKE COUNTY
 FILED
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