

10 + 2 FREE

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

\* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.\*

Local No. 2978-01  
393588

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Albin J. Rutkowski		2. SEX Male	3a. TIME OF DEATH 6:00 AM	3b. DATE OF DEATH (Month, Day, Yr.) December 3, 2001
4. * SOCIAL SECURITY NUMBER 345-16-4585	5a. AGE - Last Birthday (Years) 79	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Yr.) December 10, 1921
7. BIRTHPLACE (City and State or Foreign Country) Chicago Illinois				
8a. WAS DECEASED A U.S. VETERAN? Yes				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946				
PLACE OF DEATH (Check only one See instructions)				
HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) St. Anthony Nursing Home		9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Edwina Falat		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Steelworker
12b. KIND OF BUSINESS/INDUSTRY Steel		13a. RESIDENCE - STATE Indiana		
13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 9726 Polk St.
13e. ZIP CODE 46307	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEASED OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	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+) N/A		18. FATHER'S NAME (First, Middle, Last) Frank Rutkowski		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Theodora Gralinski		20a. INFORMANT'S NAME (Type/Print) Edwina Rutkowski		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9726 Polk St., Crown Point, IN 46307		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" 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) December 8, 2001 St. Mary Cemetery		21c. LOCATION - City or Town, State Crown Point, Indiana
22a. EMBALMER'S NAME Michelle L. Tracy		22b. EMBALMER'S LICENSE NO. FD29700007		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Larry A. Brown</i>		24b. LICENSE NUMBER (of Licensee) FD09000013		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home 109 N. East St. Crown Point, Indiana LIC# 9900060
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) Acute Myocardial Infarction				
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST				
a. DUE TO (OR AS A CONSEQUENCE OF): Acute Myocardial Infarction				
b. DUE TO (OR AS A CONSEQUENCE OF): Hypertension				
c. DUE TO (OR AS A CONSEQUENCE OF): Hypertension				
d. DUE TO (OR AS A CONSEQUENCE OF): Hypertension				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27. WAS DECEASED 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.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Bernardo S. Lucena</i>		29c. MEDICAL LICENSE NO. 01039302		29d. DATE SIGNED (Month, Day, Year) 12/6/01
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Bernardo S. Lucena M.D. 1121 S. Indiana Ave., Crown Point 46307				
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best D.O.</i>				32. DATE FILED (Month, Day, Year) December 7, 2001
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)
34d. DESCRIBE HOW INJURY OCCURRED 11 1/2 cm		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Am		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.				

2009-08-02

2009 DEC 10 10:44 AM

STATE OF INDIANA  
LAKE COUNTY  
CLERK OF SUPERIOR COURT  
RECORD



FILED

DEC 02 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY  
FILE NO 242421