INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 0060-10 resub

State No. 45-10-01-226-007.000-034

1. Decedent's Legal Name (First, Middle, Last): PETER EDWARD KACZMARK

1a. Maiden Last Name (If Female):

2. Sex: Male

3. Time Of Death: 1:14 PM

4. Date Of Death (Month/Day/Year): January 7, 2010

5. Social Security Number: 305-20-4237

6a. Age Yrs: 84

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): January 1, 1926

8. Birthplace (City And State Or Foreign Country): Hammond, IN

9. Ever In U.S. Armed Forces? ☒ Yes ☐ No Unknown ☐

10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): Community Hospital

12. City Or Town, State, And Zip Code: Munster, IN, 46321

13. County Of Death: Lake

14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name: ESTHER KACZMARK

15a. (If Wife) Give Maiden Last Name: Makselan

16. Decedent's Usual Occupation: Iron Worker

17. Kind Of Business/Industry: Construction

18. Residence – State: IN

18a. County: Lake

18b. City Or Town: Dyer

18c. Street And Number: 708 Main St.

18d. Apt. No.:

18e. Zip Code: 46311

18f. Inside City Limits? ☒ Yes ☐ No

19. Decedent's Education: Please select education level:

20. Decedent Of Hispanic Origin: No, not Spanish/Hispanic/Latino

21. Decedent's Race: White

22. Father's Name (First, Middle, Last): Peter Kaczmark

23. Mother's Name (First, Middle, Last): Albina Kaczmark

23a. Mother's Maiden Last Name: Bizdenkiewicz

24. Informant's Name: Esther Kaczmark

24a. Relationship To Decedent: Spouse

24b. Mailing Address (Street And Number, City, State, Zip Code): 708 Main St. , Dyer, IN 46311

25. Place Of Disposition

25a. Method Of Disposition: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): Regional Cremation Service

25c. Location – City, Town, And State: Munster, Indiana

26. Was Coroner Contacted? ☐ Yes ☒ No

27. Name And Complete Address Of Funeral Facility: Kish Funeral Home 10000 Calumet Avenue Munster, IN 46321

27a. Funeral Home License Number: FH10700038

27b. Signature Of Indiana Funeral Service Licensee: [signature]

27c. License Number (Of Licensee): FD01021590

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. Subdural hematoma

Due To (Or As A Consequence Of):

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.

Due To (Or As A Consequence Of):

C.

Due To (Or As A Consequence Of):

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? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☒ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: [signature]

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Jerome March 200 Monticello Dr. Dyer, IN 46311

44. License Number: 02000306

45. Date Certified: 1/12/10

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer: Susan W Bert D.O.

49. For Registrar Only – Date Filed (Month/Day/Year): January 11, 2010

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 JAN ... AM 11:03

CAROLYN ... ACTING RECORDER

FILED JAN 20 2010 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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