

600 FINAL

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 3320.09 Resubmit

State No. \_\_\_\_\_

1 Decedent's Legal Name (First, Middle, Last) <b>Kenneth Richard Poniatowski</b>				1a Maiden Last Name (If Female) <b>N/A</b>		2 Sex <b>Male</b>	3 Time Of Death <b>10:20 A.M.</b>	4 Date Of Death (Month/Day/Year) <b>Sept. 19, 2009</b>																								
5 Social Security Number [REDACTED]		6a Age - Yrs <b>35</b>		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) <b>Nov. 9, 1973</b>		8 Birthplace (City And State Or Foreign Country) <b>Evergreen Park, Illinois</b>																			
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital <input checked="" 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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)																										
11 Facility Name (If Not Institution, Give Street And Number) <b>Methodist Hospital - Southlake</b>										12 City Or Town, State, And Zip Code <b>Merrillville, Indiana 46410</b>					13 County Of Death <b>Lake</b>		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 <b>Tamara Poniatowski</b>				15a. (If Wife) Give Maiden Last Name <b>Zambori</b>			16 Decedent's Usual Occupation <b>Registered Nurse</b>			17. Kind Of Business/Industry <b>Medical</b>																						
18 Residence - State <b>Indiana</b>			18a County <b>Lake</b>			18b City Or Town <b>Crown Point</b>						18d Apt. No. <b>208</b>		18e Zip Code <b>46307</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
19. Decedent's Education <b>Bachelor's degree (e.g., BA, AB, BS)</b>				20. Decedent Of Hispanic Origin <b>No, not Spanish, Hispanic/Latino</b>				21 Decedent's Race <b>White</b>					23a. Mother's Maiden Last Name <b>Cetera</b>																			
22 Father's Name (First, Middle, Last) <b>Kenneth Frank Poniatowski</b>					23 Mother's Name (First, Middle, Last) <b>Sharon L. Poniatowski</b>					24 Informant's Name <b>Tamara Poniatowski</b>					24a Relationship To Decedent <b>Wife</b>					24b. Mailing Address (Street And Number, City, State, Zip Code) <b>10259 New Hampshire St., Crown Point, Indiana 46307</b>												
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) <b>NW Indiana Cremation Service</b>					25c. Location - City, Town, And State <b>Crown Point, Indiana</b>					26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					27. Name And Complete Address Of Funeral Facility <b>Burns Funeral Home 10101 Broadway Crown Point, Indiana 46307</b>					27c. License Number (Of Licensee): <b>FD207000591</b>					Funeral Home License Number <b>83002445</b>				
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) <b>A. Respiratory failure</b> Due To (Or As A Consequence Of) <b>B. Anoxic encephalopathy</b> Due To (Or As A Consequence Of) <b>C. Brain death</b> Due To (Or As A Consequence Of) <b>D.</b>										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 checked="" 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) <b>Sept. 15, 2009</b>			35 Time Of Injury <b>Unknown</b>			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>Business / Hotel</b>					37 Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
38 Location Of Injury - State <b>Indiana</b>			38a City Or Town <b>Merrillville</b>			38b. Street & Number <b>800 East 81st Avenue</b>			38c Apt No		38d Zip Code <b>46410</b>																					
39 Describe How Injury Occurred <b>Evidence of non-prescription, self injection of insulin</b>										40 If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>11/02 MT LW</b>																						
41 Signature, Of Person Certifying Cause Of Death 										42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer																						
43 Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>P.J. Adams, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>										44 License Number <b>N/A</b>		45 Date Certified <b>Feb. 12, 2010</b>																				
46 Additional Funeral Service Provider:										47. *Akas <b>025848</b>																						
48 Signature of Local Health Officer 										49. For Registrar Only - Date Filed (Month/Day/Year) <b>February 16, 2010</b>																						

2010 013076  
MICHIGAN RECORDS  
2010 MAR 16 AM 10:26  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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MAR 15 2010  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR