

INDIANA STATE DEPARTMENT OF HEALTH

**CERTIFICATE OF DEATH** 16.15.356.003.000-042 Date Of Death (Month/Day/Year) 1a. Maiden Last Name (if Female) CRILLEY F 6:00 PM JUNE 11, 2010 LANA R. MOSKALICK 8. Birthplace (City And State Or Foreign Country) 7. Date Of Birth (Month/Day/Year) 5. Social Security Number 6d. Under 1 Day 6e. Under 1 Hour 6a. Age Yrs October 21, 1943 AKRON, OHIO 303-46-6758 Davs Hours 10. If Death Occurred In A Hosp 10a If Death Occ Other Than A Ho 9 Ever In U.S. Armed Forces ☑ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival Term Care Facility Other (Specify) 11 Facility Name (If Not Institution, Give Street And Number) ST. ANTHONY HOSPICE 14. Marital Status At Time Of Death 13. County Of Death 12. City Or Town, State, And Zip Cod LAKE **CROWN POINT, INDIANA 46307** 15. Surviving Spouse's Name фиизіс **TEACHER** N/A MICHAEL MOSKALICK N 18b. City Or Tow 18. Residence - State 18a. Cou N **CROWN POINT** INDIANA LAKE C 18e. Zip Code 18c. Street And Numbe 18d. Apt. No Yes 🛮 No N/A 46307 201 E. 125TH AVENUE 20. Decedent Of Hispanic Origin 19 Decedent's Education Master's degree (e.g, MA, MS, MEng, MEd, MSW No, not Spanish/Hispanic/Latino White 22. Father's Name (First, Middle, Last) 23. Mother's Name (First, Middle, Last) MEEKINS VERA CRILLEY PATRICK CRILLEY 24b. Mailing Address (Street And Number, City, State, Zip Code) SZ Informant's Name 201 EAST 125TH AVENUE CROWN POINT INDIANA 26307 HUSBAND MICHAEL J. MOSKALICK, SR. ארוורי 25. Place Of Disposition REZ 25a. Method Of Disposition. ☐ Burial ☑ Cremation 25b. Place Of Disposition (Name Of Cer 25c. Location - City, Town, And St **GARY, INDIANA** KELLY CARROLL CREMATION SERVICES ☐ Donation ☐ Entombment ☐ Removal From State 27a. Fundraktione License Number Other (Specify):
26. Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility FH10300021 KUIPER FUNERAL HOME 9039 KLEINMAN ROAD HIGHLAND, INDIANA 46322 ☐ Yes 🖾 No 27b. Signature Of Indiana Funera 9 FD01014511 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 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 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 Pel Was An Autopsy Performed?

Yes No

Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No 31. Did Tobacco Use Co 33. Manner Of Death 32 If Female □ Natural □ Homicide □ Accident □ Pending Investigation
□ Suicide □ Could Not Be Determined
Site Restaurant Wooded Area) □ 37 Ini ☐ Yes ☐ Probably ☐ No ☐ Unknown ☐ Not Pregnant Within Past Year ☐ P.☐ Not Pregnant, But Pregnant 43 Days 1 Suicide Could Not Be Determine
Restaurant, Wooded Area) 37. Injury At Work? 34. Date Of Injury (Month/Day/Year) ☐ Yes ☐ No 38. Location Of Injury - State 38c Ant No THIS GERTHILS THE ABOVE OF A TRUE 40. If Transpo 39 Describe How Injury Occurred 41. Signature, Of Person Certifying

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State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pure

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STATE OF INDIANA
LAKE COUNTY
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