

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 1711-04

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT INK

1 DECEASED—NAME (First Middle Last) CAROL JEAN KAMINSKY				2 SEX FEMALE	3a TIME OF DEATH 7:42 P.M.	3b DATE OF DEATH (Month Day Year) JULY 7, 2004
4 *SOCIAL SECURITY NUMBER 310-54-6171		5a AGE—Last Birthday (Years) 54	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Oct. 20, 1949	7 BIRTHPLACE (City and State or Foreign Country) Griffith, IN
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b FACILITY NAME (If not institution give street and number) THE COMMUNITY HOSPITAL				9c CITY TOWN OR LOCATION OF DEATH MUNSTER	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Jerry Kaminsky		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b KIND OF BUSINESS/INDUSTRY Home	
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY TOWN OR LOCATION Dyer		13d STREET AND NUMBER 9053 Henry St.		
13e ZIP CODE 46311	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican, etc.)	16 RACE—American Indian, Black White etc (Specify) White	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (11-4 or 5+) -	
18 FATHER'S NAME (First Middle Last) Joseph Kosteba				19 MOTHER'S NAME (First Middle Maiden Surname) Amelia Vrlik		
20a INFORMANT'S NAME (Type/Print) Jerry Kaminsky			20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 9053 Henry St. Dyer, IN 46311		20c Relationship Husband	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) July 12, 2004 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, IN	
22a EMBALMER'S NAME John T. Noble			22b EMBALMER'S LICENSE NO. 9000031		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas Burns</i>			24b LICENSE NUMBER (of Licensee) 1045184		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321	
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)			a DUE TO (OR AS A CONSEQUENCE OF) URemia		Approximate Interval Between Onset and Death	
Conditions if any which gave rise to the immediate cause, stating the underlying cause last			b DUE TO (OR AS A CONSEQUENCE OF) Diabetes Mellitus			
			c DUE TO (OR AS A CONSEQUENCE OF)			
			d DUE TO (OR AS A CONSEQUENCE OF)			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I						
27a 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			27b WAS DECEDENT 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)			29b SIGNATURE AND TITLE OF CERTIFIER <i>Steven Mischel, D.O.</i>		29c MEDICAL LICENSE NO. 02000848A	29d DATE SIGNED (Month Day Year) JULY 12, 2004
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) STEVEN MISCHEL, D.O. 222 DOUGLAS STREET HAMMOND, INDIANA 46320						
31 HEALTH OFFICER'S SIGNATURE <i>Steven Mischel D.O.</i>						32 DATE FILED (Month Day Year) July 13, 2004
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <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
			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) 030789	
34g DATE PRONOUNCED DEAD (Month Day Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc			

2010071962

FILED DEC 07 2010 PEGGY HOLINGA-KATONA LAKE COUNTY ALTO

Parcel # 45-10-25-428-004 000-032

TYPE/PRINT IN PERMANENT INK

DECEDENT

INFORMANTS

INFORMANT

DISPOSITION

USE OF

CERTIFIER

HEALTH OFFICER

11:00 AM