



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 3169-09 Parcel # 45-09-28-456-007 000-C18 State No. \_\_\_\_\_

1 Decedent's Legal Name (First, Middle, Last) <b>NANCY J. BARTOS</b>				1a Maiden Last Name (If Female) <b>Davidson</b>		2 Sex <b>Female</b>	3 Time Of Death <b>2:03 p.m.</b>	4 Date Of Death (Month/Day/Year) <b>September 3, 2009</b>	
5 Social Security Number <b>308-68-4659</b>	6a Age - Yrs <b>52</b>	6b Under 1 Year	6c Under 1 Month	6d Under 1 Day	6e Under 1 Hour	7 Date Of Birth (Month/Day/Year) <b>June 5, 1957</b>		8 Birthplace (City And State Or Foreign Country) <b>East Chicago, Indiana</b>	
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10 If Death Occurred In A Hospital <input 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 checked="" type="checkbox"/> Other (Specify) <b>Park</b>				
11 Facility Name (If Not Institution, Give Street And Number) <b>3401 Oregon Street</b>									
12 City Or Town, State, And Zip Code <b>Lake Station Indiana 46405</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>Michael R. Bartos</b>			15a (If Wife) Give Maiden Last Name		16 Decedent's Usual Occupation <b>Program Director</b>		17 Kind Of Business/Industry <b>English as 2nd Language Program</b>		
18 Residence - State <b>Indiana</b>		18a County <b>Lake</b>		18b City Or Town <b>Hobart</b>					
18c Street And Number <b>2637 McAfee Drive</b>				18d Apt No		18e Zip Code <b>46342</b>		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19 Decedent's Education <b>Some college credit No Degree</b>		20 Decedent Of Hispanic Origin <b>No</b>			21 Decedent's Race <b>White</b>				
22 Father's Name (First, Middle, Last) <b>Robert Davidson</b>				23 Mother's Name (First, Middle, Last) <b>Dora J. Smith</b>		23a Mother's Maiden Last Name <b>Powell</b>			
24 Informant's Name <b>Michael R. Bartos</b>			24a Relationship To Decedent <b>Husband</b>		24b Mailing Address (Street And Number, City, State, Zip Code) <b>2637 McAfee Drive, Hobart, Indiana 46342</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>Kelly Carroll Crematory</b>			25c Location - City, Town, And State <b>Gary, Indiana</b>				
26 Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>Pruzin Brothers Funeral Service, 6360 Broadway, Merrillville, Indiana 46410</b>					27a Funeral Home License Number <b>FS33002253</b>		
27b Signature Of Indiana Funeral Service Licensee 					27c License Number (Of Licensee) <b>1009893</b>				
<b>Cause Of Death (See Instructions And Examples)</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)			A <b>Drowning</b>						
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 _____ Due To (Or As A Consequence Of)						
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?				
					30 Were Autopsy Findings Available To Corroborate The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32 If Female <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33 Manner Of Death <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input checked="" 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. 3, 2009</b>		35 Time Of Injury <b>Unknown</b>		36 Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>Park</b>			37 Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38 Location Of Injury - State <b>Indiana</b>		38a City Or Town <b>Lake Station</b>		38b Street & Number <b>3401 Oregon Street</b>		38c Apt No <b>-</b>		38d Zip Code <b>46405</b>	
39 Describe How Injury Occurred <b>Drowned</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>030986</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>Jeffrey R. Wells, Chief Deputy .2900 West 93rd Avenue, Crown Point, Indiana 46307</b>					44 License Number <b>N/A</b>		45 Date Certified <b>Sept. 9, 2009</b>		
46 Additional Funeral Service Provider					47 *Akas				
48 Signature of Local Health Officer <b>Susan W. Best, D.O.</b>					49 For Registrar Only - Date Filed (Month/Day/Year) <b>September 9, 2009</b>				

STATE OF INDIANA  
LAKE COUNTY  
FILED  
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PEGGY HOLINGA KATON  
LAKE COUNTY ALIEN