



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BT1000224
3071-10

Local No. 3071-10

State No.

1. Decedent's Legal Name (First, Middle, Last) DOMINICK J. SLUPSKI, JR.				1A. Maiden Last Name (If Female) N/A		2. Sex M	3. Time Of Death 5:18 PM	4. Date Of Death (Month/Day/Year) AUGUST 22, 2010
5. Social Security Number 8427	6A. Age (Yr) 88	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) December 20, 1921	8. Birthplace (City And State Or Foreign Country) WHITING, INDIANA	
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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) 730 N. RENSSELAER ST.								
12. City Or Town, State, And Zip Code GRIFFITH, INDIANA 46319					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name N/A			15A. (If Wife) Give Maiden Last Name N/A			16. Decedent's Usual Occupation RESEARCH ASSISTANT		16A. Industry REFINERY
18. Residence - State INDIANA		18A. County LAKE			18B. City Or Town GRIFFITH		18C. Apt. No.	
18D. Street And Number 730 N. RENSSELAER STREET		18E. Zip Code 46319		18F. Inland City Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education High school graduate or GED completed		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) DOMINICK SLUPSKI, SR.				23. Mother's Name (First, Middle, Last) FILOMENA SLUPSKI		23A. Mother's Maiden Last Name UNKNOWN		
24. Informant's Name JANICE SLUPSKI		24A. Relationship To Decedent DAUGHTER		24B. Mailing Address (Street And Number, City, State, Zip Code) 18500 MORRIS AVE. HOMEWOOD, ILLINOIS 60430				24C. Informant's Address (Street And Number, City, State, Zip Code)
25. Place Of Disposition 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) KELLY CARROLL CREMATION SERVICES 25c. Location - City, Town, And State GARY, INDIANA								
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME 9039 KLEINMAN RD HIGHLAND, INDIANA 46322						27A. Funeral Home License Number: FP0300022
27B. Signature Of Indiana Funeral Service Licensee: <i>Tara J. Wright</i>						27C. License Number (All Licensees) FD20400058		
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. <u>Natural causes</u> 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. _____ C. _____ D. _____ Approximate Interval: Onset To Death Days								
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I HYPERTENSION, DIABETES, CORONARY ART DISEASE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30. Were Autopsy Findings Available To Complete This Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
31. Did Tobacco Use Contribute To Death? <input checked="" 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 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)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State		38A. City Or Town		38B. Street & Number		38C. Apt. No.		38D. Zip Code
39. Describe How Injury Occurred								
41. Signature Of Person Certifying Cause Of Death: <i>Steven A. Corse</i>				42. Registrar (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Steven A. Corse, D.O 3100 45th St. Highland, IN 46322		
44. Additional Funeral Service Provider:				45. Date DEC 15 2010		46. Signature of Local Health Officer: <i>Susan J. But...</i>		
47. For Registrar Only - Date Filed (Month/Day/Year): August 25 2010				48. Signature of Auditor: DAVID HOLLINGA KATONA				

CHICAGO TITLE INSURANCE COMPANY

2010
08
15
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FILED
FOR
RECORD
STATE OF INDIANA
LAKE COUNTY
AUDITOR
DEC 15 AM 10:12
FP0300022

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
AUG 25 2010

FILED
DEC 15 2010

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LAKE COUNTY AUDITOR