INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Decedent's Legal Name (First, Middle, Last)	*******				State N	lo			
1	1a. Maiden Last N	1			. Sex 3. Time Of Death			Date Of Death (Month/Day/Year)	
MARTIN J. KUTKA					M 11:1		:10 A.M. DECEMBER 6, 2010		IBER 6, 2010
Social Security Number 6a. Age Yrs 6b. Under 1	Year 6c. Under 1	Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date Of	Birth (Month/Day/Year)	8. Birthpl	ace (City An	d Sta <u>te</u> O <u>r</u> Fon	aign Country)
318-28-5430 75 Months	Days	Hours	Minutes	i	EMBER 9, 1935	CHICA		N	··•
	1 22,0	1.00.0	, milatos						
9. Ever in U.S. Armed Forces? 10. If Death Occurred in A	Hospital:		10a. If Death Occurre	ed Somewhere	Other Than A Hospital:	☐ Hospice F	acility 🛛 D	ecedent's Hon	ne D Nursing Home/Long-
☐ Yes ☐ No Unknown ☐ ☐ Inpatient ☐ Emergen	icy Department Outpatie	ent 🔲 Dead On Arrival	Term Care Facility	T ∩ther (Snec	i6A		,	0	
11. Facility Name (If Not Institution, Give Street And Number)			Term cere receiving 2	- Onici (opec					
10346 BULL RUN DRIVE									
10340 BOLL ROW DRIVE			-						
12. City Or Town, State, And Zip Code			13. County Of Death 14. Marital Status At Time of Death			ath			
ST. JOHN, IN 46373			LAKE ☑ Married ☐ Married But Separated ☐						
15. Surviving Spouse's Name	150 (If Mife) Give Maide	Maiden Last Name 16. Decedent's Usual Occupation							
	, ,				_	Business/industry			
DEANNE KUTKA	LETT	CARPENTER				UMMON L	OCAL#141		
18. Residence - State		18b. City Or Town			······································				
INDIANA		ST. JOHN							
18c. Street And Number	<u> </u>				18d. Apt. N		18e. Zip (Corto	18f. Inside City Limits?
10346 BULL RUN DRIVE					Tou. Apr. N	 	•	Jour	101. Inside City Limits?
							46373		
19. Decedent's Education	20. Decedent Of	f Hispanic Origin	21. [Decedent's Ra	ce		~	20	
High school graduate or GED completed	ınish/Hispanic/Latin	nic/Latino White			5 5 7 4				
22. Father's Name (First, Middle, Last)			23. Mother's Name (First, Middle, Last)23a. Mother's Name (First, Middle, Last)					en tast Name	
DOMINIC KUTKA			HARRIET KUT	KA	•	i		z	oś.m
24. Informant's Name	NA NAISE					(\bigcirc	\sim	min _C
DEANNE KUTKA	WIFE	nship To Decedent	1		lumber, City, State, Zip Ci		X	\bigcirc	20 m
DEANIE ROTRA	AAILE		10346 BULL K	ON DRIVE	ST. JOHN, IN 46	•)	70	TOR
			lace Of Disposition				T	IK	MIZO
Li bullar Mi Cleritanon		ame Of Cemetery, Cremator	y, Other Place)		ion – City, Town, And Sta	te •	A TOP OF THE PERSON NAMED IN COLUMN	\sim	37≥
☐ Donation ☐ Entombment ☐ Removal From State ☐ REG☐ Other (Specify):	BIONAL CREMA	TION		MUNST	ER, IN		3		カー・
	ete Address Of Funeral	Facility		L		····	Tenny .	2 Par Funer	al Home License Number:
☐ Yes ☒ No ELMWOOD CH.	APEL 11300 W.	97TH LN; ST.JOHN	.IN 46373					1000005	e 5
27b. Signature Of Indiana Funeral Service Licensee:		· · · · · · · · · · · · · · · · · · ·					E		
276. Signature of mulara Puneral Section 1 Consect.					T 2/c. 1	CICENS E NUM C	er (Or Ercen	see)	
tran 1811	\sim				ก็ตั	C 20	2046		
		Cause Of Death (Se			447	U & U	ZUIU	7	
28. Part Finter The Chain Of Events—Diseases, Injuri Such As Cardiac Arrest, Respiratory Arrest, Or Ventricul	ies, Or Complication lar Fibrillation Withou	nsThat Directly Cause	d The Death, Do No	ot Enter Ten					Approximate
A Line. Add Additional Lines If Necessary.				s. Criter Offi	A CUIC BORREST OF H	MINIC		~~~	
A Line. Add Additional Lines it Necessary.		0 -			1-5464	OFIIAC	iA KA	IUNA	Interval: Onset To Death
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