## 683-10

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.							State No				
1. Decedent's Legal Name (Fir		•	1a. Maiden Last Name (If Female)			2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)					
MARY  5. Social Security Number	K. 6a. Age – Yrs	6b. Under 1 Year	GISH 6c. Under 1 Month	SCASN 6d. Under 1 Day	Y 6e. Under 1 Hour		FEMALE 10:1	5 P.M.	MARCI	I 4. 2010	
316-14-9448	86	Months	Davs	Hours	Minutes	7. Date Of	Sirth (Month/Day/Year) .8	Birthplace (Cit)	And State Or I	oreign Country)	
9. Ever In U.S. Armed Forces		ath Occurred in A Hos	00.0	0776	1 a. If Death Occur		RY 3,1924	HAMMOI			
☐ Yes 【No Unknown ☐ 【A Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival ☐ Hospice Facility ☐ Department Home ☐ Nursing Home ☐ Nursing Home ☐ Nursing Home ☐ Other (Specify)											
11. Facility Name (IT Not Institution, Give Street And Number)											
THE COMMUNITY HOSPITAL 901 MACARTHUR BLVD. MICH.											
12. City Or Town, State, And 2	13. County Of Death TOON LIFE Marital Status At Time Of Death										
MUNSTER, IN	L	LAKE XXX Wide			ried  Married, But Separated  Divorced owed  Never Married  Unknown						
15. Surviving Spouse's Name	15a. (If Wife)Giv	ve Maiden Last Name 16. Decedent's Usual		cedent's Usual Occup	pation	17. Kind Of Business/Industry					
NONE			N/A		TELLER			MERCANTILE BANK			
18. Residence – State 18			a. County		18b. City Or Town						
INDIANA LAKE HAMMOND, INDIANA											
18c. Street And Number						18d. Apt. No.		18e. Zip 0	18e. Zip Code 18f. Inside City Limi		
7330 OLCOTI	AVE.,							4632	23	XCXYes □ No	
19. Decedent's Education			20. Decedent Of Hispani	ic Origin	21.	Decedent's Race		h			
12 NO WHITE											
22. Father's Name (First, Midd			23. Mother's Name (First, Middle, Last)			23a. Mother's Maiden Last Name					
PETER SCASNY					KATHERI	KATHERINE SCANY			BAHNO		
Z-ta. Acidon				Decedent 24b. Mailing Address (Street And Number, City, State, Zip Code)							
PAMELYN K. R	· · · · · · · · · · · · · · · · · · ·	1830 LAKEVIEW CT., SCHERERVILLE, IN 46375									
25. Place Of Disposition  25a. Method Of Disposition.  25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)  25c. Location – City, Town, And State											
Burial Cremation D	onation 🔲 Entomb		CH 8, 2010	•							
Other (Specify):			CROSS CEN	<b>IETERY</b>		CALUME!	r CITY, ILL	INOIS			
26. Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility 27a. Funeral Home License Number:											
Lahayne funeral hom				INC., HAMMOND, INDIAN					400005		
27b. Signature Of Indiana Fune	ral Service License	e. C			· · · · · · · · · · · · · · · · · · ·		27c. License Number (Of	_icensee):	11117	100003	
Older 1	D tu	Hayne	-				FD01000857	Car ABMI	Contraction	Min-Dura properties acceptance and accept	
t to the state of											
Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On											
Immediate Cause (Final Disease Or Condition Resulting In Death  A. Resperatory facture  Due To (Or As A Consequence Of):  Sequentially List Conditions, If Any, Leading To The Cause Listed On  B. Asperation Preumone											
The Events Resulting In Death) Last  C  C  C  C  C  C  C  C  C  C  C  C  C											
Part II. Enter Other Significant C			D.								
Atrial f	2 7 11/	From:	Resulting In The Underlyin	-		29 Was An was	y Findings Available To Comp	es No	of Death?	ZCZZWOWOWENE WORKE WY TOTOTO	
31. Did Tobacco Use Contribute		32 If Female		2 /00//	Tuo Co		2010		or Beauti	☐ Yes ☐ No	
☐ Yes ☐ Probably 🗷 No ☐ Unkno				ant At Time Of Death	Not Pregnant, But Pregnan	it Within 43 days O Death	33. Manner Weath	A A Assidant II Ba			
34. Date Of Injury (Month/Day/Y	ear)	☐ Not Pregna 35. Time Of	nt, But Pregnant 43 Days To 1 \ Injury	/ear Before Death ☐	Unknown If Pregnant Within ce Of Injury (E.G., Dec.	Thomas Constr	Suitcide O Soulid Not	Be Determined	nung investigation	ury At Work?	
	es				, , , , , , , , , , , ,	100	WA KO	ieu niea)	37.	Yes No	
38. Location Of Injury - State	<del>- COM</del>	38a Citylor	TOWN CONTRA	38b. St	reet & Number	COYFO	$n_{i}$	38c. Apt. No.	38d. Zip	Code	
	\$25. · · ·			/ ·   _	A & & E & 17.11	ENE CO	Marie Report No.	4			
39 Describe How Injury Occurred	a FILE	10 X	74/54		UMMUNI	PILL	40. If Transportatio		- 1		
		All holy and property and the state of the second second	and the second second	r	HE NA À	1 44154	☐ Driver/Operator ☐	Passenger 🗖 Pe	destrian 🗖 Other	(Specify)	
41. Signature Of Person Certify	ing Cause Of Deat	n: a	1150.1	<u> </u>	ILE NU	The state of the s			0.34	150	
Ceenra	diff	Cease	m m	$\geq$		42. Certifier (Check Only One)   ☐ Coroner ☐ Health Officer					
43 Name Address And 7in (	Code Of Porson	Cortifying Course Of			LIN PARKW				ertified		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death CONRADO CASTOR, M.D.						ARRWAI		.024		5,	
46. Additional Funeral Service Pr				UNSTER, INDIANA 46321			010274	IUZA	MARCI	1 2010	
48. Signature of Local Health Off	icer	mg /								11-	
Silver i	05	ent. D.	<i>O</i> .			(\\_1\\_F'	or Registrar Only - Date Filed	(Wonth/Day/Ye	ar);	11	
						11/1	and h	$\mathcal{L}_{\mathcal{L}}$	5	1 and	