



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

45-11-23-337-105-00-032

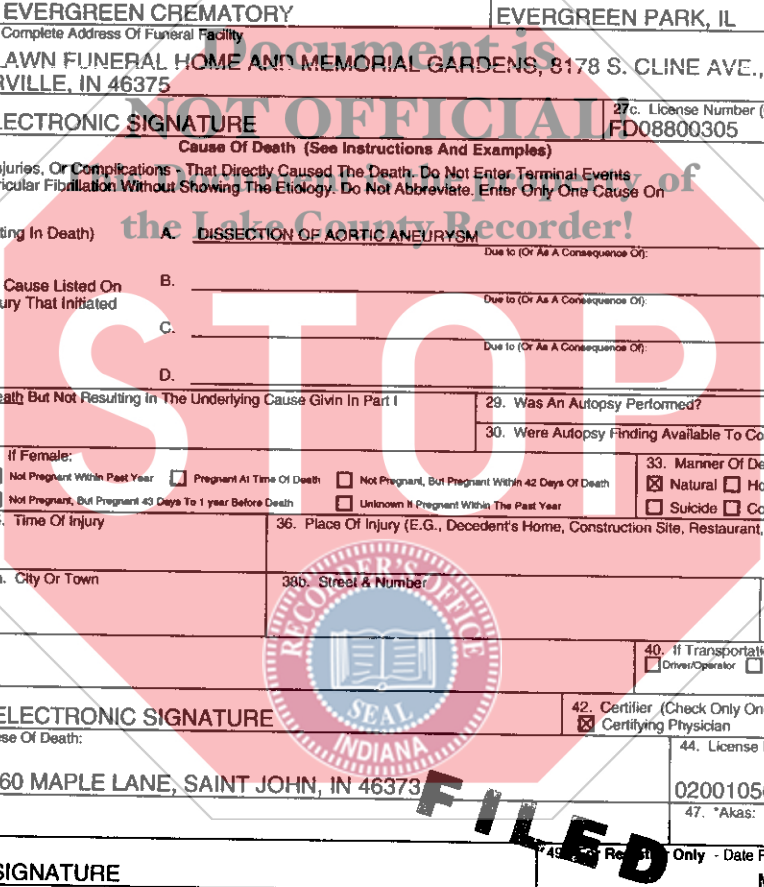
Local No 000683

EDR No 00000186063

State No 009107

1. Decedent's Legal Name (First, Middle, Last) KEVIN C DONAHUE				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 12:53 AM		4. Date Of Death (Month/Day/Year) 02/26/2011		
5. Social Security Number 321-48-6579		6a. Age - Yrs 57		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) 12/06/1953		8. Birthplace (City and State or Foreign Country) ST PAUL, MN										
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 checked="" 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 type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-DYER												
12. City Or Town, State, And Zip Code DYER, IN, 46311						13. County Of Death LAKE			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 SALLY DONAHUE				15a. (If Wife) Give Maiden Last Name AFTOWSKI				16. Decedent's Usual Occupation PRODUCTION MANAGER		17. Kind Of Business/Industry MANUFACTURING		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18d. Apt. No.		18e. Zip Code 46307	
18c. Street And Number 7454 82ND COURT			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White						
22. Father's Name (First, Middle, Last) GEORGE DONAHUE				23. Mother's Name (First, Middle, Last) GERALDINE DONAHUE				23a. Mother's Maiden Last Name EVERSON				
24. Informant's Name SALLY DONAHUE			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 7454 82ND COURT, CROWN POINT, IN 46307						
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) EVERGREEN CREMATORY			25c. Location - City, Town, And State EVERGREEN PARK, IL						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375				27a. Funeral Home License Number FR19900051		27b. Signature Of Indiana Funeral Service Licensee: LEONARD G. GREGORCZYK, BY ELECTRONIC SIGNATURE				
						27c. License Number (Of Licensee): FD08800305		27d. Approximate Interval: Onset To Death 1 HOUR				
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. DISSECTION OF AORTIC ANEURYSM Due to (Or As A Consequence Of): 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. _____												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I NONE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
31. Did Tobacco Use Contribute To Death? <input 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 checked="" 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 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						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41. Signature, Of Person Certifying Cause Of Death: MARK STEPHEN RYBCZYNSKI, BY ELECTRONIC SIGNATURE						42. Certifier (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: MARK STEPHEN RYBCZYNSKI, 10860 MAPLE LANE, SAINT JOHN, IN 46373						44. License Number 02001056A		45. Date Certified 03/02/2011				
46. Additional Funeral Services Provider:						47. *Akas:						
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. Date Filed (Month/Day/Year): MAR 03 2011						

2011 MAR 17 AM 9:46
STATE OF INDIANA
FILED
RECORD
MICHAEL J. HANMAN
RECORDER



052822

FILED
MAY 17 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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