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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 747-10 Parcel # 45-13-08-278-005.000-046 State No. 029488

1. Decedent's Legal Name (First, Middle, Last) Martin T. Ryan				1a. Maiden Last Name (If Female)		2. Sex M		3. Time Of Death 5:25 p.m.		4. Date Of Death (Month/Day/Year) March 9, 2010	
5. Social Security Number 331-30-4594		6a. Age - Yrs 71		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour	
7. Date Of Birth (Month/Day/Year) August 6, 1938		8. Birthplace (City, State Or Foreign Country) Chicago, IL									
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 checked="" 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 type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) St. Mary Medical Center											
12. City Or Town, State, And Zip Code Hobart, IN 46342						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 Martha Ryan				15a. (If Wife) Give Maiden Last Name Cooper		16. Decedent's Usual Occupation Banker			17. Kind Of Business Industry Banking		
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Hobart					
18c. Street And Number 7814 Tanager St.				18d. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 15 Years				20. Decedent Of Hispanic Origin No				21. Decedent's Race Caucasian			
22. Father's Name (First, Middle, Last) James Ryan						23. Mother's Name (First, Middle, Last) Catherine Ryan			23a. Mother's Maiden Last Name Egan		
24. Informant's Name Martha Ryan				24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 7814 Tanager St., Hobart, IN 46342					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) Holy Sepulchre Cemetery				25c. Location - City, Town, And State Alsip, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342						27a. Funeral Home License Number FH83002380			
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>						27c. License Number (Of Licensee): FD20700059					
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. Cardiac arrest Due To (Or As A Consequence Of) B. Acute renal failure Due To (Or As A Consequence Of) C. Metastatic melanoma Due To (Or As A Consequence Of) D. Approximate Interval: Onset To Death											
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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		35. 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 INDIANA						38b. Street & Number 027022		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: <i>John E. Dolatowski MD</i>						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 John Dolatowski, MD 1441 S. Lake Park Ave., Hobart, IN 46342						44. License Number 01046155		45. Date Certified 3-11-10			
46. Additional Funeral Service Provider						47. *Akes					
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) March 11, 2010					

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FILED
MAY 27 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
INDIANA
027022