

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

45-15-22-101-004.000-014

45-15-22-103-001.000-014

INDIANA STATE DEPARTMENT OF HEALTH

45-15-22-101-003.000-014

45-15-22-103-007.000-014

CERTIFICATE OF DEATH

State No. 201

Local No. 179-05

45-15-22-101-005.000-014

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED—NAME (James Kurrack), 2. SEX (Male), 3a. TIME OF DEATH (10:52 a.m.), 3b. DATE OF DEATH (Jan 2, 2005), 4. SOCIAL SECURITY NUMBER (309-22-8708), 5a. AGE (79), 6. DATE OF BIRTH (June 1, 1925), 7. BIRTHPLACE (Gary, Ind.), 8a. WAS DECEDENT A U.S. VETERAN? (yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1946), 9a. PLACE OF DEATH (Franciscan Homes 203 Franciscan Dr., Crown Point, Lake), 9b. FACILITY NAME, 9c. CITY, TOWN, OR LOCATION OF DEATH, 9d. COUNTY OF DEATH, 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Janet Kurrack), 12a. DECEASED'S USUAL OCCUPATION (Pipefitter), 12b. KIND OF BUSINESS/INDUSTRY (Local 597), 13a. RESIDENCE—STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Cedar Lake), 13d. STREET AND NUMBER (9436 W. 125th Court), 13e. ZIP CODE (46303), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEASED'S EDUCATION (12 years), 18. FATHER'S NAME (Otto Kurrack), 19. MOTHER'S NAME (Stella Racher), 20a. INFORMANT'S NAME (Janet Kurrack), 20b. MAILING ADDRESS (9436 W. 125th Court Cedar Lake, Ind.), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (German methodist Cemetery Cedar Lake, Ind.), 21c. LOCATION (Cedar Lake, Ind.), 22a. EMBALMER'S NAME (Henry Blake), 22b. EMBALMER'S LICENSE NO. (FD01019406), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (FD20200095), 25. NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Eller Brady Funeral Home, 8510 Lake Shore Dr. Cedar Lake, Ind.), 26. PART I. IMMEDIATE CAUSE (Metastatic carcinoma - primary site: kidney), 26. PART II. Other significant conditions (Recent pneumonia likely related to pulmonary metastases, Chronic obstructive pulmonary disease, Rheumatoid arthritis, Patient with metastatic cancer for months before diagnosis made), 27. WAS DECEDENT PREGNANT OR POSTPARTUM? (No), 28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29. CERTIFIER (Susan J Markowitz, MD), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO. (010969704), 29d. DATE SIGNED (01/19/2005), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Susan J Markowitz, MD, 13963 Morse St, Cedar Lake, IN 46303), 31. HEALTH OFFICER'S SIGNATURE (Susan J Markowitz, MD), 32. DATE FILED (January 21, 2005), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY (Jan 21, 2005), 34b. TIME OF INJURY, 34c. INJURY AT WORK? (No), 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION (9436 W. 125th Court Cedar Lake, Ind.), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No)

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

