INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
45-06-12-378-608-600-023

Local No. 4.28	-08	•••••	•	, , ,		/ st = C	5 LO • OC	State N	o		
Decedent's Legal Name (First, Middle, Last) 1a. Maiden Last)				lame (If Female)			2. Sex 3. Time Of Death		th 4.Da	Date Of Death (Month/Day/Year)	
Barbara (Bessie) Toth	Jnder 1 Year	6c. Under 1 Month	Puskas	6e. Under	1 Hour	i	Female 12:		1	bruary 16,2008	
051-01-9514 89 Mont		Days	Hours	Minutes		ŧ	23,1918	Eas	t Chic	ago,IN	
	urred In A Hospital		Daniel On Anticol	ŀ			ner Than A Hospital:	. T O	- FNA - - Od	(0	
11. Facility Name (If Not Institution, Give Street And Num		rnent Outpatient	Dead On Arrival	Li nospi	ce racinty £3 D	ecedent's moi	me Nursing Home/Long	3- i erm Car	e racility Li Otne	r (Specify)	
58 172nd St.											
12. City Or Town, State, And Zip Code					13. County Of Death Lake			14. Marital Status At Time Of Death			
Hammond, IN 46324					16. Decedent's Usual Occupation						
15. Surviving Spouse's Name	15a. (If Wife)C	15a. (If Wife)Give Maiden Last Name			Checker			17. Kind Of Business/Industry			
Louis Toth 18. Residence - State	County	unty 18			D. City Or Town			1000			
IN		Lake		E	ammond	}		uar Marcon			
18c. Street And Number	L					· · · · · · · · · · · · · · · · · · ·	18d. Apt. No.	$\overline{}$	18e. Zip Code	18f. Triside City Limits?	
58 172nd St.									46324	X Yes D No	
19. Decedent's Education	20	Decedent Of Hisp	anic Origin		21. Dec	edent's Race White	ž	·	-		
22. Father's Name (First, Middle, Last)				23. Moth	ner's Name (Firs				23a. Mother	's Maiden Last Name	
Charles Puskas						ıra Pu			ESTC		
24. Informant's Name		24a. Relationship	To Decedent	24b. Ma			iber, City, State, Zip Code)				
Richard Toth		Son 1	Do 022	327	' Azale	a Dr.	Hobart,	IN 46	5342		
25a. Method Of Disposition.	25b. Place Of	Disposition (Name	25. I	Place Of Di		25c. Location	- City, Town, And State		N		
⊠ Burial		dill Cen	TO	FF	ICI	AT	nond, IN		- -1		
26. Was Coroner Contacted? 27. Name A	and Complete Add	ess of Funeral Faci Funeral	. Home 5	840 F	he production	Hammo	ond, IN 4632	20		. Funeral Home License Number: 02819	
27b. Signature Of Indiana Funeral Service Licensee:		the I	ake Co	unt	v Rec	<u>orde</u>	1 .				
But	111	1_					27c. License Number			ange-eg	
	10	Cau	ise Of Death (S	ee Instru	ctions And	Example	8601763	3		E. C.	
 Part I. Enter The <u>Chain Of Events</u>—Disease Such As Cardiac Arrest, Respiratory Arrest, Or 								P	3	Approximate Interval: Onset	
A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition	Resulting In De	ath A.	y (01	in	CAN	ER				To Death	
						Due To (Or As A	Consequence Of):	10		762	
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last						Due To (Or As A	Consequence Of).	E CE	<u> </u>	0 - 5	
The Evento Research Last				- CTTTTP-		Due To (Or As A	Consequence Of):		<u> </u>		
Part II. Enter Other Significant Conditions Contribution	To Death But Not F	D. esulting in The Und	erlying Cause Given Ir	Part I			Autopsy Performed?	□Yes	XX No C		
STROKE						30. Were Aut	opsy Findings Available To		The Cause Of De	ath? Yes No	
31. Did Tobacco Use Contribute To Death? See Probably 10 No 12 Unknown	32 If Fernale: Not Pregnan	Within Past Year F	regnant At Time Of Death	■ Not Pregna	nt, But Pregnant Wi	thin 42 Days Of	33. Manner Of		Accident 🗖 Pending	Investigation	
34. Date Of Injury (Month/Day/Year)	35. Time Of I		To 1 Year Before Death 36.				Suicide Construction Site, Restauran	ould Not Be D	Determined	37. Injury At Work?	
N.A.		THIS C	ERVIFIES THE A	OVE IS A	TRUE AND	COMPLET	E			☐ Yes ☐ No	
38. Location Of Injury - State	38a. City Or 1	own NOV	OUNTY IN HEAL	Street & Nu	mber UV FIL	WITH TH	E	31	Bc. Apt. No.	38d. Zip Code	
	<u> </u>	L'AINE e	ACOIAL & HALLENS	WILL GLEAF I		/_	00			# 1	
39 Describe How Injury Occurred			Beno Some ca				40. Univer/Ope	14.	njury, Specify: ssenger 🏻 Pedestri	ian 🗖 Other (Specify)	
		1	FEC	3 172		200000 0000)	15	
41. Signature, Of Person Certifying Cause of Death:						42. Gentifier (Check Only One) 4. O O SE□ Certifying Physician □ Coroner □ Health Officer					
43. Name, Address And Zip Code Of Person Cer	tifving Cause Of	Death:) '	AUG 1	y 2011	2 (ense Numb		45. Date Certified	
Dr. Buccellato, MD 761 45th Munster, IN 46321						A KAT		058	760A	Feb. 2 , 2008	
46. Additional Funeral Service Provider:				AKE	COUNT	/ AUD	ITOR 47. A	(45:			
48. Signature of Local Health Officer:						14	9. For Registrar Only – D	Date Filed (I	Month/Day/Year):		
Susan W	Sur	L. D.O.					February	2.1	2014		
						1		VU	NOD		