

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



Local No. 2048-09 45-12-05-304-001.000-030 State No. _____

1. Decedent's Legal Name (First, Middle, Last) PHYLLIS V. AUSENBAUGH				1a. Maiden Last Name (If Female) Kulisz		2. Sex Female	3. Time Of Death 5:15 AM	4. Date Of Death (Month/Day/Year) May 31, 2009			
5. Social Security Number 317-20-8922		6a. Age - Yrs 82		6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) July 20, 1926			
8. Birthplace (City And State Or Foreign Country) Gary, Indiana		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 type="checkbox"/> Emergency Department <input type="checkbox"/> 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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street And Number) Spring Mill Assisted Living											
12. City Or Town, State, And Zip Code Merrillville, Indiana 46410					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 James E. Aussenbaugh			15a. (If Wife) Give Maiden Last Name N/A			16. Decedent's Usual Occupation Real Estate Broker		17. Kind Of Business/Industry Real Estate			
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Merrillville		18c. Street And Number 2709 W. 57th Place		18d. Apt. No.	18e. Zip Code 46410		
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 12th Grade		20. Decedent Of Hispanic Origin No		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) Phillip Kulisz			23. Mother's Name (First, Middle, Last) Victoria Kulisz			23a. Mother's Maiden Last Name Dauielik					
24. Informant's Name James E. Aussenbaugh		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 2709 W. 57th Place, Merrillville, Indiana 46410							
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) Kelly-Carroll Cremation Services			25c. Location - City, Town, And State Gary, Indiana						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Agency Pruzin Brothers Funeral Service, 6360 Broadway, Merrillville, Indiana 46410					27a. Funeral Home License Number: FH 85902453				
27b. Signature Of Indiana Funeral Service Licensee:		27c. License Number (Of Licensee): 1009893			27d. FILED						
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. Failure to Thrive											
28. 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 checked="" type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> 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 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				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)			38c. Apt. No.		38d. Zip Code		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		39. Describe How Injury Occurred					
41. Signature, Of Person Certifying Cause Of Death:		42. Certificate (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 02002106		45. Date Certified 06/02/09					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Rupesh Shah, 202 East 86th Place Merrillville, Indiana, 46410		46. Additional Funeral Service Provider:		47. *Akas:		48. Signature of Local Health Officer: Susan J Best					
48. Signature of Local Health Officer:		49. For Registrar Only - Date Filed (Month/Day/Year): 004669 2009		49. For Registrar Only - Date Filed (Month/Day/Year): 004669 2009							