



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

Local No **002492**

EDR No **000000112243**

State No **054042**

1 Decedent's Legal Name (First Middle Last) MICHAEL PIPTA				1a Maiden Name (If female)		2 Sex MALE	3 Time Of Death 07 45 AM	4 Date Of Death (Month/Day/Year) 08/30/2009	
5 Social Security Number 310-22-8439	6a Age - Yrs 82	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) 02/06/1927		8 Birthplace (City and State or Foreign Country) WHITING, IN	
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11 Facility Name (If Not Institution Give Street and Number) MUNSTER (MED-INN)									
12 City Or Town State And Zip Code MUNSTER, IN, 46321					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 HELEN PIPTA			15a (If Wife) Give Maiden Last Name KOLANOWSKI			16 Decedent's Usual Occupation ELECTICIAN		17 Kind Of Business/Industry STEEL MANUFACTURING	
18 Residence - State INDIANA			18a County LAKE			18b City Or Town HIGHLAND			
18c Street And Number 3225 GLENWOOD STREET						18d Apt No	18e Zip Code 46322	18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19 Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20 Decedent Of Hispanic Origin NOT HISPANIC			21 Decedent's Race White				
22 Father's Name (First, Middle, Last) JOHN PIPTA				23 Mother's Name (First, Middle Last) ANNA PIPTA			23a Mother's Maiden Last Name FEDORCHAK		
24 Informant's Name HELEN PIPTA		24a Relationship To Decedent WIFE		24b Mailing Address (Street And Number City State, Zip Code) 3225 GLENWOOD STREET, HIGHLAND, IN 46322					
25 Place Of Disposition									
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) CALUMET PARK CEMETERY			25c Location - City Town And State MERRILLVILLE, IN			
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322					27a Funeral Home License Number FH10300021		
27b Signature Of Indiana Funeral Service Licensee CORNELIUS KUIPER, SIGNATURE ON FILE						27c License Number (Of Licensee) FDC1014511			
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.									
Cause Of Death (See Instructions And Examples)									
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A PNEUMONIA Due to (Or As A Consequence Of)									
B DYSPHAGIA Due to (Or As A Consequence Of)									
C END STAGE DEMENTIA Due to (Or As A Consequence Of)									
D									
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									
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		Approximate Interval: Onset To Death	
30 Were Autopsy Finding 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 type="checkbox"/> No <input checked="" 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 JOSE S NAVARRO, SIGNATURE ON FILE						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 JOSE S NAVARRO, 9800 VALPARAISO, MUNSTER, IN 46321						44 License Number 01052047		45 Date Certified 09/01/2009	
46 Additional Funeral Service Provider						47 *Akas			
48 Signature of Local Health Officer SUSAN W BEST, SIGNATURE ON FILE						49 For Registrar Only - Date Filed (Month/Day/Year) SEP 01 2009			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									