

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1033569



Local No 000100

EDR No 00000310796

State No

1. Decedent's Legal Name (First, Middle, Last) DONALD KLUGA				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 08:59 PM	4. Date Of Death (Month/Day/Year) 02/27/2013	
5. Social Security Number 305-44-2519	6a. Age - Yrs 69	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) 10/09/1943		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN	
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 Outpatient <input type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" 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) 3313 WEST 47TH AVENUE									
12. City Or Town, State, And Zip Code GARY, IN, 46408					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 JULIA KLUGA			15a. (If Wife) Give Maiden Last Name RAMOS			16. Decedent's Usual Occupation WASTE MANAGER		17. Kind Of Business/Industry UNION	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GARY		18d. Apt. No.	18e. Zip Code 46408
18c. Street And Number 3313 WEST 47TH AVENUE								18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) THOMAS KLUGA				23. Mother's Name (First, Middle, Last) HELEN KLUGA			23a. Mother's Maiden Last Name BONCELA		
24. Informant's Name JULIA KLUGA			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 3313 WEST 47TH AVENUE, GARY, IN 46408				
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) REGIONAL CREMATORY			25c. Location - City, Town, And State MUNSTER, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408					27a. Funeral Home License Number: FH1020007		
27b. Signature Of Indiana Funeral Service Licensee: SHELIA C KIRBY-NUSS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29500088			
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. <u>CONGESTIVE HEART FAILURE X 5 YEARS, CORONARY ARTERY DISEASE X 5 YEARS</u> Due to (Or As A Consequence Of): 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 B. _____ Due to (Or As A Consequence Of): C. _____ 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 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 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		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: ARVIND N. GANDHI, BY ELECTRONIC SIGNATURE						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: ARVIND N. GANDHI, 10010 DONALD POWERS DRIVE, MUNSTER, IN 46321						44. License Number 01029887A		45. Date Certified 03/04/2013	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 06 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.
IVRA-20 (7/05)

VOID IF ALTERED OR ERASED. NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT