

Subscribed and sworn to before me by the affiant, *D*

This June 9, 2017, *personally appeared Michele S. McKechnie.*

[Signature]

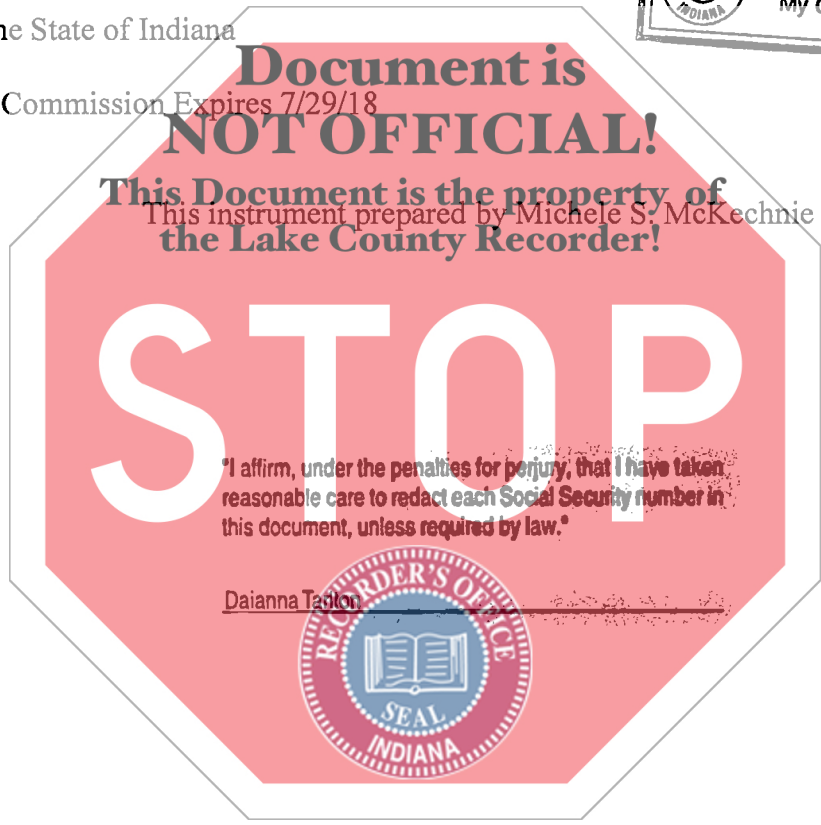
Notary Public

Printed Name Dawn Stanley

My County of Residence is Lake

In the State of Indiana

My Commission Expires 7/29/18





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 63288

Local No 002835

EDR No 000000465784

State No

1. Decedent's Legal Name (First, Middle, Last) JOSEPH SUS			1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 10:58 PM	4. Date Of Death (Month/Day/Year) 08/25/2015	
5. Social Security Number [REDACTED]	6a. Age - Yrs 78	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) 02/10/1937		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 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) HARTSFIELD CARE CENTER								
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation PROBATION OFFICER		17. Kind Of Business/Industry LEGAL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER				
18c. Street And Number 1637 BLUEBIRD LANE					18d. Apt. No.	18e. Zip Code 46321		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) PETER LEO SUS			23. Mother's Name (First, Middle, Last) JOSEPHINE WALCZAK			23a. Mother's Maiden Last Name BOILEK		
24. Informant's Name MICHELE MCKECHNIE		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1424 MACARTHUR BOULEVARD, MUNSTER, IN 46321				
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST JOSEPH-ST JOHN CEMETERY		25c. Location - City, Town, And State HAMMOND, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321				27a. Funeral Home License Number FH10700038		
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FO01021590		27d. License Number (Of Licensor):				
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Other Conditions That Directly Cause The Death (List In Order) Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC LUNG CANCER Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Approximate Interval: Onset To Death AUG 28 2015								
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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"/> 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 checked="" 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		
41. Signature, Of Person Certifying Cause Of Death: WASSIM ATASSI, 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: WASSIM ATASSI, 9696 GORDON DR., HIGHLAND, IN 46322						44. License Number 01058603A		45. Date Certified 08/27/2015
46. Additional Funeral Service Provider:						47. *Fax:		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): AUG 28 2015		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								

