



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 3838-10

State No. _____

1. Decedent's Legal Name (First, Middle, Last) Rita Irene Kasza		1a. Maiden Last Name (if Female) Presnall		2. Sex M female	3. Time of Death 7:15AM	4. Date of Death (Month/Day/Year) November 1, 2010	
5. Social Security Number [REDACTED]	6a. Age, Yrs 56	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) July 24, 1954	
8. Ever in U.S. Armed Forces?				9. If Death Occurred in a Hospital:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			
10. If Death Occurred Somewhere Other Than a Hospital:				11. If Death Occurred Somewhere Other Than a Hospital:			
<input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				<input type="checkbox"/> Hospice Facility <input 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)
1257 Winterberry Lane

12. City or Town, State, And Zip Code
Schererville, IN 46375

13. County Of Death
Lake

14. Marital Status At Time Of Death
 Married Married, But Separated Divorced
 Widowed Never Married Unknown

15. Surviving Spouse's Name
Edward G. Kasza

16. Decedent's Usual Occupation
Professional Support

17. Kind Of Business/Industry
St. Margaret Mercy Healthcare-North

18. Residence - State
IN

18a. County
Lake

18b. City Or Town
Schererville

18c. Inside City Limits?
 Yes No

19. Street And Number
1257 Winterberry Lane

19a. Apt. No.

19b. Zip Code
46375

19. Decedent's Education
12/2

20. Decedent Of Hispanic Origin
No

21. Decedent's Race
White

Please select education level: **No** Please select Hispanic origin, if any: **White** Please select race:

22. Father's Name (First, Middle, Last)
William Stanley Presnall

23. Mother's Name (First, Middle, Last)
Mary Lavine Presnall

24. Mother's Maiden Last Name
Johnson

24. Informant's Name
Edward G. Kasza

24a. Relationship To Decedent
Husband

24b. Mailing Address (Street And Number, City, State, Zip Code)
1257 Winterberry Lane Schererville, IN 46375

25a. Method Of Disposition:
 Burial Cremation
 Donation Entombment Removal From State
 Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)
St. Joseph Cemetery

25c. Location - City, Town, And State
Hammond, IN

26. Was Coroner Contacted?
 Yes No

27. Name And Complete Address Of Funeral Facility
Burns-Kish Funeral Home 8415 Calumet Munster, IN 46321

27a. Funeral Home License Number:
3004968

27b. Signature of Indiana Funeral Service Licensee
Thomas Burns

27c. License Number (Of Licensee)
1045184

Cause of Death (See Instructions And Examples)

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. **Lung cancer** Approximate Interval: Onset To Death **1 year**

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. _____
C. _____
D. _____

Part I. Enter Other Significant Condition Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

29. Was An Autopsy Performed? Yes No

30. Were Any Findings Available To Contribute To The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death?
 Yes Probably Unknown

32. If Female:
 Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death Pregnant, But Pregnant Within 42 Days To 1 Year Before Death

33. Manner Of Death
 Natural Homicide Accident Pending Investigation
 Childbirth Suicide Unnatural (Specify)

34. Date of Injury (Month/Day/Year)

35. Time Of Injury

36. Place Of Injury
CAMP OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

37. Injury At Work? Yes No

38. Location Of Injury - State

38a. City Or Town

38b. Street & Number
NOV 03 2010

38c. Apt No.

38d. Zip Code

39. Describe How Injury Occurred

40. If Transportation Injury, Specify:
 Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature of Person Certifying Cause of Death
[Signature]

42. Certifier (Check Only One)
 Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code of Person Certifying Cause of Death:
Dr. Dominic Ho 1801 W Taylor, Chicago IL 60614

44. License Number
14-03608288

45. Date Certified
Nov. 1, 2010

46. Additional Funeral Service Provider:
Susan W. Best, S.O.

49. For Registrar Only - Date Filed (Month/Day/Year)
November 3, 2010