

NOT AN OFFICIAL DOCUMENT

INDIAN STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 70395



Local No **003731**

EDR No **00000478693**

State No **053312**

1. Decedent's Legal Name (First, Middle, Last) FREDERICK A MIKLUSAK			3a. Maiden Name (if female)			2. Sex MALE		3. Time of Death 05:15 PM		4. Date of Death (Month/Day/Year) 11/11/2015	
5. Social Security Number		6a. Age - Year		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour	
		Months		Days		Hours		7. Date of Birth (Month/Day/Year) 04/02/1944		8. Birthplace (City and State or Foreign Country) HAMMOND, 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 type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE						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		
12. City Or Town, State, And Zip Code MUNSTER, IN 46321						15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation STEELWORKER		17. Kind Of Business/Industry INLAND STEEL
15. Surviving Spouse's Name NIKKI MIKLUSAK			18a. County INDIANA			18b. City Or Town LAKE GRIFFITH			18c. Apt. No.		18d. Zip Code 46319
18c. Street And Number 636 NORTH WHEELER STREET			19a. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)			20. Decedent Of Hispanic Origin NOT HISPANIC		
21. Decedent's Race White			22. Father's Name (First, Middle, Last) ANTHONY MIKLUSAK			23. Mother's Name (First, Middle, Last) ANNE MIKLUSAK			23a. Mother's Maiden Last Name MUCHA		
24. Informant's Name NIKKI MIKLUSAK			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 636 NORTH WHEELER STREET, GRIFFITH, IN 46319			25a. Method Of Disposition <input 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) KELLY CARROLL CREMATORY			25c. Location - City, Town, And State GARY, IN			26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319		
27a. Funeral Home License Number FH10600026			27b. Signature Of Indiana Funeral Service Licensee RAYMOND E. WHITE JR., BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee) FD08700086			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. PANCREATIC CANCER WITH METASTASIS TO THE LIVER						Approximate Interval Or Onset Of Death LESS THAN 6 MONTHS					
29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
30. Was An Autopsy Performed? <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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown											
32. If Female: <input type="checkbox"/> Not Pregnant 180 Days Prior Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 41 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 41 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year											
33. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked 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"/> Other (Specify)					
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN , 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: LYLE R MUNN , 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A			45. Date Certified 11/13/2015		
46. Additional Funeral Service Provider:						47. Registrar Only			48. Date Filed (Month/Day/Year) NOV 13 2015		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)