140641

Local No. 2428-90

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

→ Dorothy Guizzetti 2704 Cedar Key Dr Lake Orion, Mich 48360

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First, Middle, Last)	MARY STYKA
2 SEX	Female
3a TIME OF DEATH	4:20P
3b DATE OF DEATH (Month Day Yr)	December 1, 1990
4 SOCIAL SECURITY NUMBER	339-52-1045
5a AGE—Last Birthday (Years)	81
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Mo. Day Yr)	August 25,1909
7 BIRTHPLACE (City and State or Foreign Country)	Chicago Illinois
8a WAS DECEDENT A U.S. VETERAN?	No
8b YEAR LAST SERVED IN U.S. ARMED FORCES?	-
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number)	Our Lady of Mercy Hospital
9c CITY, TOWN, OR LOCATION OF DEATH	Dyer
9d COUNTY OF DEATH	Lake
10 MARITAL STATUS (Specify)	Married
11 SURVIVING SPOUSE (If wife, give maiden name)	Gregory Styka
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Homemaker
12b KIND OF BUSINESS/INDUSTRY	Own Home
13a RESIDENCE—STATE	Indiana
13b COUNTY	Lake
13c CITY, TOWN, OR LOCATION	Dyer
13d STREET AND NUMBER	1028 Sandy Ridge Ct
13e ZIP CODE	46311
13f INSIDE CITY LIMITS	☐ No ☒ Yes
13g ON A FARM?	☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	USA
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16 RACE—American Indian, Black, White, etc. (Specify)	White
17 DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 12; College (1-4 or 5+): -

PARENTS

Field	Entry
18 FATHER'S NAME (First, Middle, Last)	Albert Majchrzak
19 MOTHER'S NAME (First, Middle, Maiden Surname)	Catherine Not Available

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	Gregory Styka
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1028 Sandy Ridge Ct. Dyer Indiana 46311
20c Relationship	Husband

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	☒ Entombment ☐ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Dec 5,1990 Holy Cross Cemetery / Dec 1,1990 Community-Opyt F.H.
21c LOCATION—City or Town, State	Calumet City, Illinois / Riverdale Illinois
22a EMBALMER'S NAME	N/A
22b EMBALMER'S LICENSE NO.	N/A
23 WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	Larry D. Anthony
24b LICENSE NUMBER (of Licensee)	01001447
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Anthony &Dziadowicz F.H. 83002916 9445 Calumet Ave Munster Indiana 46321

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Severe Coronary Artery Disease	Years
DUE TO (OR AS A CONSEQUENCE OF) b.	Colonic Cancer	10 MO
DUE TO (OR AS A CONSEQUENCE OF) c.	Hypertensive Cardiovascular Disease	Years
DUE TO (OR AS A CONSEQUENCE OF) d.		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I: Non Insulin Dependant Diabetes

Field	Entry
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	no
28a WAS AN AUTOPSY PERFORMED? (Yes or no)	no
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	

CERTIFIER

29a CERTIFIER (Check only one)
- ☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	K R Burke DO
29c MEDICAL LICENSE NO.	036-075518
29d DATE SIGNED (Month, Day, Year)	12/3/90
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Kathryn R. Burke 20303 S. Crawford Olympia Fields, IL

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	[signature]
32 DATE FILED (Month, Day, Year)	December 3, 1990 / December 4, 1990

CORONER USE ONLY

Field	Entry
33 MANNER OF DEATH	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a DATE OF INJURY (Month, Day, Year)	
34b TIME OF INJURY	
34c INJURY AT WORK? (Yes or no)	
34d DESCRIBE HOW INJURY OCCURRED	
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g DATE PRONOUNCED DEAD (Month, Day, Year)	
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.	

THIS CERTIFIES THE ABOVE TO BE A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

LAKE COUNTY HEALTH COMMISSIONER

FILED DEC 26 1990

Oras N. Anton AUDITOR LAKE COUNTY

Lot 26 Kraft 1st-2nd Add. Unit 6, Sandy Ridge 203-26

6.00

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SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PO I