

5044 256887 J.D.

Fat Hall Bldg of Ill
3256 Ridge Rd, Hanover, Ill
60438

Receipt 11-29-11

THE STATE OF ILLINOIS... BOARD OF HEALTH

INDIANA STATE BOARD OF HEALTH

Local No. 2102-91... 92012704 CERTIFICATE OF DEATH State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Thomas L. Mrozek		2 SEX Male		3a TIME OF DEATH 1:45 P.M.		3b DATE OF DEATH (Month Day Year) October 16, 1991	
4 SOCIAL SECURITY NUMBER 340-36-2900		5a AGE—Last Birthday (Years) 49		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) June 10, 1942		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 <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
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) Wanda Sparks		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Maintenance-Electrician		12b KIND OF BUSINESS/INDUSTRY Glass Co	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY TOWN OR LOCATION Dyer		13d STREET AND NUMBER 8899 Sheffield Ave	
13e ZIP CODE 46311		13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc)	
16 RACE—American Indian Black White etc (Specify) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (11-4 or 5+) 2		18 FATHER'S NAME (First Middle Last) Stanley Mrozek			
19 MOTHER'S NAME (First Middle Maiden Surname) Alice DeGama		20a INFORMANT'S NAME (Type Print) Wanda Mrozek		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 8899 Sheffield Ave. Dyer, Indiana 46311		20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) October 18, 1991 Memory Lane Memorial Park		21c LOCATION—City or Town State Schererville, Indiana			
22a EMBALMER'S NAME Edward F. Mullaney		22b EMBALMER'S LICENSE NO. FDO 1007176		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward F. Mullaney</i>		24b LICENSE NUMBER (of Licensee) FDO 1007176		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83001504 Fagen-Miller Funeral Gardens Inc 1920 Hart St. Dyer, Indiana 46311			
26 PART I Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory. THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Esophageal cancer Metastasis to liver		27 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		28a WAS AN AUTOPSY PERFORMED (Yes or no) No			
28b WERE POSTMORTEM EXAMINATIONS AVAILABLE PRIOR TO CAUSE OF DEATH? (Yes or no) No		29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated <input type="checkbox"/> 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 <input type="checkbox"/> 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		29b SIGNATURE AND TITLE OF CERTIFIER <i>Alexander D. Williams, MD</i> LAKE COUNTY HEALTH COMMISSIONER			
29c MEDICAL LICENSE NO. 000745		29d DATE SIGNED (Month Day Year) October 17, 1991		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Gerard N. Davidson, D.O., 231 Joliet Street, Dyer, IN 46311			
31 HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams, MD</i>		32 DATE FILED (Month Day Year) Oct. 18, 1991		33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			
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		01404 600 at			



FILED
FEB 27 1992

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

CHICAGO TITLE INSURANCE COMPANY
ILLINOIS DIVISION
STATE OF INDIANA
FILED FOR RECORD
NOV 20 9 11 AM '92

11-29-11
S. Pl Sw Ave
A. 25 T-35
R. 10
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