92013541

Local No. 733

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Sept. 16, 1991 — Date Issued
[signature] M.D. — Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1 DECEASED—NAME (First Middle Last): Sophie Dauksza
- 2 SEX: Female
- 3a TIME OF DEATH: 4:27 a.M.
- 3b DATE OF DEATH (Month Day Yr): September 14, 1991
- 4 SOCIAL SECURITY NUMBER: 307-40-6516A
- 5a AGE—Last Birthday (Years): 76
- 5b UNDER 1 YEAR (Months / Days):
- 5c UNDER 1 DAY (Hours / Minutes):
- 6 DATE OF BIRTH (Mo Day Yr): June 11, 1915
- 7 BIRTHPLACE (City and State or Foreign Country): Hammond, Indiana
- 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: XX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
- 9b FACILITY NAME (If not institution, give street and number): St. Margaret Hospital
- 9c CITY, TOWN OR LOCATION OF DEATH: Hammond
- 9d COUNTY OF DEATH: Lake
- 10 MARITAL STATUS (Specify): Married
- 11 SURVIVING SPOUSE (If wife, give maiden name): Casimir Dauksza
- 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
- 12b KIND OF BUSINESS/INDUSTRY: Homemaker
- 13a RESIDENCE—STATE: Indiana
- 13b COUNTY: Lake
- 13c CITY, TOWN, OR LOCATION: Hammond
- 13d STREET AND NUMBER: 4827 Magnolia Ave.
- 13e ZIP CODE: 46327
- 13f INSIDE CITY LIMITS: ☐ No XX Yes
- 13g ON A FARM? XX No ☐ Yes
- 14 CITIZEN OF WHAT COUNTRY? U.S.A.
- 15 WAS DECEDENT OF HISPANIC ORIGIN? XX No ☐ 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): 10 years. College (1-4 or 5+): -

PARENTS

- 18 FATHER'S NAME (First Middle Last): George Stefanski
- 19 MOTHER'S NAME (First Middle Maiden Surname): Bertha Fabich

INFORMANT

- 20a INFORMANT'S NAME (Type/Print): Casimir Dauksza
- 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4827 Magnolia Ave., Hammond, Indiana 46327
- 20c Relationship: Husband

DISPOSITION

- 21a METHOD OF DISPOSITION: XX Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
- 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): September 17, 1991 Chapel Lawn Memorial Gardens
- 21c LOCATION—City or Town, State: Schererville, Indiana
- 22a EMBALMER'S NAME: Charles W. Wells
- 22b EMBALMER'S LICENSE NO: #1042372
- 23 WAS DEATH REPORTED TO CORONER? XX No ☐ Yes
- 24a SIGNATURE OF FUNERAL DIRECTOR: Mary Solan
- 24b LICENSE NUMBER (of Licensee): FD# 1004097
- 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: SOLAN FUNERAL HOME FH#83002893 7109 Calumet Ave., Hammond, Ind. 46324

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
- a. Respiratory arrest
- DUE TO (OR AS A CONSEQUENCE OF): b. Massive Stroke
- DUE TO (OR AS A CONSEQUENCE OF): c. Hypertension
- DUE TO (OR AS A CONSEQUENCE OF): d.

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

FILED
FEB 18 1992
Anna N. Antone
AUDITOR LAKE COUNTY

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Diabetes Mellitus

- 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): --- 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
- 29b SIGNATURE AND TITLE OF CERTIFIER: [signature]
- 29c MEDICAL LICENSE NO: 31576
- 29d DATE SIGNED (Month, Day, Year): Sept. 9/14, 1991
- 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): W. Loh, M.D. 9108 Columbia Avenue, Munster, Indiana 46321

HEALTH OFFICER

- 31 HEALTH OFFICER'S SIGNATURE: [signature] M.D.
- 32 DATE FILED (Month, Day, Year): SEPT. 16, 1991

CORONER USE ONLY

- 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.

46633

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36-132-6 Stafford & Franklin 2nd South Central Calumet Add. S. 20 ft 25 N. 20 ft 26 Bl 1

Stamp: ROBERT J. ... RECORDER ... FILED FOR RECORD ... 18 ... LAKE COUNTY ... STATE OF INDIANA

SBH06-004 State Form 10110 (R2/3-89) DEA CERT-PD 1