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1705 COLORADO ACE
HIGHLAND, IN 46322
EDWARD NOWACKI

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1887-93

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Lottie Novatski

2 SEX: Female

3a TIME OF DEATH: 11:10am

3b DATE OF DEATH (Month, Day, Yr): August 3,1993

4 SOCIAL SECURITY NUMBER: 306-72-5194

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): Sept. 12,1911

7 BIRTHPLACE (City and State or Foreign Country): Unknown

8a WAS DECEDENT A US VETERAN? No

8b YEAR LAST SERVED IN US ARMED FORCES? N/A

9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b FACILITY NAME (If not institution, give street and number): 8812 Liable Rd.

9c CITY, TOWN OR LOCATION OF DEATH: Highland

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Widowed

11 SURVIVING SPOUSE (If wife, give maiden name): None

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: Homemaker

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN OR LOCATION: Highland

13d STREET AND NUMBER: 8812 Liable Rd.

13e ZIP CODE: 46322

13f INSIDE CITY LIMITS? ☐ No ☒ Yes

13g ON A FARM? ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY? U.S.A.

15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ 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): 4; College (1-4 or 5+): 0

PARENTS

18 FATHER'S NAME (First, Middle, Last): Unk. Szmidt

19 MOTHER'S NAME (First, Middle, Maiden Surname): Unknown

INFORMANT

20a INFORMANT'S NAME (Type/Print): Theresa Duhon

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8812 Liable Rd. Highland, In. 46322

20c. Relationship: Daughter

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Cemetery, crematory, or other place): Aug.6,1993 Holy Cross Cemetery

21c. LOCATION—City or Town, State: Calumet City, ILL.

22a EMBALMER'S NAME: David R. Peterson

22b EMBALMER'S LICENSE NO: FD08601585

23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: [signature]

24b LICENSE NUMBER (of Licensee): FD01014511

25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home FDH3007500 9039 Kleinman Rd. Highland, In.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE PERMANENT RECORD OF DEATH ON FILE IN THE HEALTH DEPT. OF LAKE COUNTY

STATE OF INDIANA, LAKE COUNTY, SS: FILED AUG 11 1993 10:15 AM RECORDED

CAUSE OF DEATH

PART I. Enter the chain of events—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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): Acute Leukemia Decline

DUE TO (OR AS A CONSEQUENCE OF):

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DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

AUG 04 1993

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

LAKE COUNTY HEALTH COMMISSION

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): N/A

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: 19183

29d DATE SIGNED (Month, Day, Year): 8/07/93

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print): Ronald Feldner Jesse Clinic 110 Ridge Munster In 46321

31. HEALTH OFFICER'S SIGNATURE: [signature]

32. DATE FILED (Month, Day, Year): August 4, 1993

CORONER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

34a DATE OF INJURY (Month, Day, Year)

34b TIME OF INJURY

34c [illegible] AT WORK? (Yes or no)

34d DESCRIBE HOW INJURY OCCURRED

AUG 11 1993

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 [illegible] specify driver, passenger, pedestrian, etc)

AUDITOR LAKE COUNTY

00757 6.00

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER-PD