

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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

Date Issued: Nov 19 1997
Hammond Health Commissioner

Local No. 1065

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PATIENTS

INFORMANT

DISPOSITION

1 DECEASED—NAME (First Middle Last) Sylvester J. Bojanowski		2 SEX Male	3a TIME OF DEATH 9:45A M	3b DATE OF DEATH (Month Day, Yr) December 25, 1996
4 *SOCIAL SECURITY NUMBER 358-10-5090	5a AGE—Last Birthday (Year) 76	5b UNDER 1 YEAR Months: Days	5c UNDER 1 DAY Hours: Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Feb. 18, 1920
7 BIRTHPLACE (City, and State or Foreign Country) Chicago, IL	8a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
8b WAS DECEDENT A U.S. VETERAN? Yes	8c YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a FACILITY NAME (If not institution, give street and number) 6717 Nebraska	9b CITY, TOWN OR LOCATION OF DEATH Hammond	9c COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Lois E. Jones	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Boilermaker	12b KIND OF BUSINESS/INDUSTRY U.S. Steel	
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Hammond	13d STREET AND NUMBER 6717 Nebraska	
13e ZIP CODE 46323	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 12		18 FATHER'S NAME (First Middle Last) Kostante Bojanowski		
19 MOTHER'S NAME (First Middle, Maiden Surname) Helen N.A.		20 INFORMANT'S NAME (Type/Print) Lois Bojanowski		
20b MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6717 Nebraska Hammond, IN 46323		20c Relationship Wife		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) December 28, 1996 Holy Cross Cemetery		21c LOCATION—City or Town, State Calumet City, IL
22a EMBALMER'S NAME Thomas Janusz		22b EMBALMER'S LICENSE NO. IL#034-010145	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b LICENSE NUMBER (of Licensee) 1045184	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3002819 5840 Hohman Hammond, IN (For Thorridge E. H. Dolton, IL Signature Only)	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a) Multiple Myeloma DUE TO (OR AS A CONSEQUENCE OF) b) Severe Emaciation DUE TO (OR AS A CONSEQUENCE OF) c) Multiple Myeloma 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				
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
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>Thomas J. Burns</i>		29c MEDICAL LICENSE NO. Q1036654
29d DATE SIGNED (Month Day, Year) December 27, 1997				STATE OF INDIANA LAKE COUNTY FILED FOR DEATH 97 DEC - 11 11:29 AM '97 MORNING
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Adolphus A. Anekwe, M.D. 3195 Broadway Gary, IN 46404				
31 HEALTH OFFICER'S SIGNATURE <i>Adolphus A. Anekwe, M.D.</i>				32 DATE FILED (Month Day, Year) DEC 30 1996
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 PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e DESCRIBE HOW INJURY OCCURRED FILED		
34g DATE PRONOUNCED DEAD (Month Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify (Year, make, model, etc.) SAM ORLICH		

LAKE COUNTY HEALTH DEPARTMENT
PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46001

CAUSE OF DEATH
Bond & Mtg Co's 6th Add
lets 43 to 48 Block 1
except N 126 31 ft of Revol of 5
key # 33-162-68
V.O. # 236

CERTIFIER
Sany
HEALTH OFFICER

AUDITOR LAKE COUNTY
001718