

STATE OF INDIANA
LAKE COUNTY
I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths. 99067130

Walter M. Carter
RECORDER

SIGNED

June 15, 1999

Official Title Chief Deputy Registrar
Beckman, Kelly & Smith
5920 Honman Avenue
Hammond, IN 46320-2423

REGISTRATION DISTRICT NO. 16.0		195 JUN '99 STATE OF ILLINOIS		STATE FILE NUMBER	
MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH					
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. JOHN E. MIZWICKI		2. MALE		3. JUNE 11, 1999	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 51		5d. December 12, 1947	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN ITEM 6b. GIVE STREET AND NUMBER)		IF HOSP. OR INST. INPATIENT (SPECIFY)	
6a. Olympia Fields		6b. OLYMPIA FIELDS OSTEDPATHEIC		6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. Chicago, Ill.		8a. Married		8b. Debra VanWermeskerken	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10. 333-38-4991		11a. Supervisor		11b. Steel	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
13a. 13080 WAVERLY CT		13b. ST. JOHN		12. 12 yrs.	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
13e. INDIANA		13f. 46373		14a. WHITE	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		OF HISPANIC ORIGIN? (SPECIFY MOOR OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
15. Walter M. Mizwicki		16. Anna Majchrowicz		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. Debra Mizwicki		17b. Wife		17c. 13080 Waverly Ct., St. John, Indiana 46373	
18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as strangulation or respiratory arrest, shock, or heart failure. List only one cause on each line.					
Immediate Cause (Final disease or condition resulting in death) (a) CRANIO CEREBRAL INSURIES					
DUE TO, OR AS A CONSEQUENCE OF (b) FALL FROM GOLF CART					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	
20a. ACCIDENT		20b. JUNE 07, 1999		20c. 8:10 P.M.	
INJURY AT WORK (YES/NO)		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)		LOCATION (CITY, VIL OR TOWN; OR RD. DIST. NO., COUNTY, STATE)	
20e. NO		20f. GOLF COURSE		20g. CRETE WILCO ILLINOIS	
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT:		THE DECEDENT WAS PRONOUNCED DEAD ON		AT	
21a. JUNE 11, 1999		21b. JUNE 11, 1999		21c. 8:15 A.M.	
CORONER'S - MEDICAL EXAMINER'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		CORONER'S PHYSICIAN'S NAME (Type or Print)	
22a. P.M. Drogan, M.D.		22b. JUNE 13, 1999		22c. JHAMRONG CHIRA, M.D.	
CORONER'S PHYSICIAN'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		BURIAL, CREMATION, REMOVAL (SPECIFY)	
23a. JHAMRONG CHIRA, M.D.		23b.		24a. Burial	
CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN	
24b. Holy Cross Cemetery		24c. Calumet City, Illinois		24d. June 16, 1999	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.	
25a. Thornridge Funeral Home		15801 S. Cottage Grove Avenue, Dolton, Illinois 60419		FUNERAL DIRECTOR'S SIGNATURE	
25b. Mrs. Betty Lou Jensen		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25c. 034-011487	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26a. REGISTRAR	
26a. KAREN L. SCOTT, M.D.		26b. June 15, 1999		26b. REGISTRAR	

FILED
AUG 10 1999
PETER BENJAMIN
LAKE COUNTY AUDITOR

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