

\* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

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

Local No. 39

CERTIFICATE OF DEATH

Jan 13, 2000 Date Issued

Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED NAME (First Middle Last) Mary Valerie Zalewski		2 SEX Female		3a TIME OF DEATH 6:45PM		3b DATE OF DEATH (Month Day Year) January 8, 2000	
4 SOCIAL SECURITY NUMBER 312-50-1868		5a AGE - Last Birthday (Years) 50		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo Day Yr) September 25, 1949		7 BIRTHPLACE (City and State or Foreign Country) Liverpool, England					
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES N/A		8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) 1925 Lake Ave.			9b CITY/TOWN OR LOCATION OF DEATH Whiting			9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Zane Zalewski		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife		12b KIND OF BUSINESS INDUSTRY Home	
13a RESIDENCE - STATE Indiana		13b COUNTY Lake		13c CITY/TOWN OR LOCATION Whiting		13d STREET AND NUMBER 1925 Lake Ave.	
13e ZIP CODE 46394		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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.)	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16 RACE - American Indian, Black, White, etc. (Specify) White		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (14 or 5+) <input type="checkbox"/> 12			
18 FATHER'S NAME (First, Middle, Last) Valentine Domagalski				19 MOTHER'S NAME (First, Middle, Maiden Surname) Gladys Huxley			
20a INFORMANT'S NAME (Type/Print) Zane Zalewski			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1925 Lake Ave., Whiting, IN 46394			20c Relationship Husband	
21a METHOD OF DISPOSITION <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) January 11, 2000 Chapel Lawn Memorial Gardens		21c LOCATION - City or Town State Scherville, Indiana			
22a EMBALMER'S NAME Henry A. Gray		22b EMBALMER'S LICENSE NO. FD29900123		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>George J. Johnson</i>		24b LICENSE NUMBER (of Licensee) FDE8900006		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323			
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 PANCREATIC CARCINOMA b DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d DUE TO (OR AS A CONSEQUENCE OF)							Approximate Interval Between Onset and Death MONTHS
27 WAS DECEDENT PREGNANT OR IN LABOR AT TIME OF DEATH? 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 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
29b SIGNATURE AND TITLE OF CERTIFIER <i>Franklin J. Brennerda M.D.</i>			29c MEDICAL LICENSE NO. 02001161		29d DATE SIGNED (Month Day Year) 1/13/00		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) C. E. Foreit, M.D., 3831 Hohman Avenue, Hammond, IN 46327							31 DATE FILED (Month Day Year) Jan 13, 2000
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Brennerda M.D.</i>							32 DATE FILED (Month Day Year) January 13, 2000
33 MANNER OF DEATH <input checked="" 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, etc. 9-6				

Unit # 26  
 Key # 36-308-32  
 West Park Add N 10ft Lot 35 Bl. 4 & All Lot 36, Bl. 4

