RESUB

* 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.

July 16, 1996 — Date Issued — [signature] Hammond Health Commissioner

Local No. 554

Resubmit

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Value
1 DECEASED—NAME (First Middle Last)	JAN PAWLIK
2 SEX	MALE
3a TIME OF DEATH	2:40 P M
3b DATE OF DEATH (Month Day Yr)	JULY 11, 1996
4 *SOCIAL SECURITY NUMBER	375-34-2648
5a AGE—Last Birthday (Years)	75
5b UNDER 1 YEAR (Months / Days)	
5c UNDER 1 DAY (Hours / Minutes)	
6 DATE OF BIRTH (Mo. Day, Yr)	NOV. 30, 1920
7 BIRTHPLACE (City and State or Foreign Country)	POLAND
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)	7231 BELMONT AVENUE
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)	KAZIMERA SZUMILLO
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	HEAVY EQUIPMENT OPER.
12b KIND OF BUSINESS/INDUSTRY	U.S.STEEL GARY WORKS
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN OR LOCATION	HAMMOND
13d STREET AND NUMBER	7231 BELMONT AVENUE
13e ZIP CODE	46324
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? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16 RACE—American Indian, Black, White, etc (Specify)	WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	3

PARENTS

Field	Value
18 FATHER'S NAME (First, Middle, Last)	JAN PAWLIK
19 MOTHER'S NAME (First, Middle, Maiden Surname)	N/A

INFORMANT

Field	Value
20a INFORMANT'S NAME (Type/Print)	KAZIMERA PAWLIK
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	7231 BELMONT AVE, HAMMOND, IN 46324
20c Relationship	WIFE

DISPOSITION

Field	Value
21a METHOD OF DISPOSITION	☐ Burial ☒ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	JULY 16, 1996 N.W. IND. CREMATION SERVICES
21c LOCATION—City or Town, State	CROWN POINT INDIANA
22a EMBALMER'S NAME	N/A
22b EMBALMER'S LICENSE NO	N/A
23 WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	James F. Burns [signature]
24b LICENSE NUMBER (of Licensee)	1009461
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	Burns Funeral Home, 10101 Broadway Crown Point, IN 46307 FDH 83002445

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. Congestive Heart Failure

DUE TO (OR AS A CONSEQUENCE OF)

b.

DUE TO (OR AS A CONSEQUENCE OF)

c.

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

Field	Value
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

Field	Value
29b SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c MEDICAL LICENSE NO	01042703
29d DATE SIGNED (Month Day Year)	July 16, 1996

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Mark Nootens, 7905 Calumet Ave., Munster, In

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature] M.D.

32 DATE FILED (Month, Day, Year): (July) 7/16/96

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

Field	Value
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)	32153 9.00
34g DATE PRONOUNCED DEAD (Month, Day, Year)	
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc	

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RECORDER'S OFFICE SEAL INDIANA

FILED MAR 28 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

2000 021075 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

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