Key NO 26-33-61-33

* 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.

Local No. 908

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.

Nov. 23 1998
Date Issued

Franklin D. Bermuda M.D.
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

2000 000019

DECEDENT

1 DECEASED—NAME (First Middle Last): Henry (Henryk) Mazurkiewicz
2 SEX: Male
3a TIME OF DEATH: 5:40P M
3b DATE OF DEATH (Month Day Yr): November 20, 1998
4 SOCIAL SECURITY NUMBER: 304-32-9534
5a AGE - Last Birthday (Years): 74
5b UNDER 1 YEAR Months Days:
5c UNDER 1 DAY Hours Minutes:
6 DATE OF BIRTH (Mo Day Yr): January 15, 1924
7 BIRTHPLACE (City and State or Foreign Country): Warsaw, Poland
8a WAS DECEDENT A US VETERAN?: No
8b YEAR LAST SERVED IN US ARMED FORCES: -
9a PLACE OF DEATH (Check only one See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution give street and number): St. Margaret Mercy Hospital
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): Joan Bartoszek
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Operator
12b KIND OF BUSINESS/INDUSTRY: Steel Company
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY TOWN OR LOCATION: Hammond
13d STREET AND NUMBER: 4246 Sheffield Avenue
13e ZIP CODE: 46327
13f INSIDE CITY LIMITS [ ] No [X] Yes
13g ON A FARM [X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY: USA
15 WAS DECEDENT OF HISPANIC ORIGIN? [X] 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): 12; College (1-4 or 5+): 2

PARENTS

18 FATHERS NAME (First Middle Last): Ludwik Mazurkiewicz
19 MOTHERS NAME (First Middle Maiden Surname): Jozefa Oksiewicz

INFORMANT

20a INFORMANT'S NAME (Type/Print): Joan Mazurkiewicz
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 4246 Sheffield Ave., Hammond, In. 46327
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place): November 24, 1998 Holy Cross Cemetery
21c LOCATION—City or Town State: Calumet City, Illinois
22a EMBALMER'S NAME: Keith D. Anthony
22b EMBALMER'S LICENSE NO: 01011911
23 WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Keith D Anthony
24b LICENSE NUMBER (of Licensee): 01011911
25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Anthony & Dziadowicz FH 83002835 4404 Cameron, Hammond, Indiana 46327

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

IMMEDIATE CAUSE (Final disease or condition resulting in death): a Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF) — Approximate Interval Between Onset and Death: pronounced 05:40 PM

Conditions if any which gave rise to the immediate cause stating the underlying cause last:
b DUE TO (OR AS A CONSEQUENCE OF)
c DUE TO (OR AS A CONSEQUENCE OF)
d

FILED JUN 07 2000

PART II Other significant conditions Conditions contributing to death but not previously stated in Part I: (1) Arteriosclerotic Cardiovascular Disease (2) CABG (4) Colostomy

27 WAS CASE REFERRED (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

PETER BENJAMIN LAKE COUNTY AUDITOR

CERTIFIER

29a CERTIFIER (Check only one):
[X] 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: Robert P Chen M.D.
29c MEDICAL LICENSE NO: 0104872
29d DATE SIGNED (Month Day Year): 11/21/98

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Robert P. Chen M.D. 7905 Calumet Avenue, Munster, Indiana 46321 November 21, 1998

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Franklin D. Bermuda M.D.
32 DATE FILED (Month Day Year): November 23 1998

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 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:

01919

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