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

Local No. 873

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 — Hammond Health Commissioner

STATE OF INDIANA, LAKE COUNTY, FILED FOR RECORD

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

2000 054695

DECEDENT

1. DECEASED-NAME (First Middle Last): MARIE DUNSTAN	2. SEX: Female	3a. TIME OF DEATH: 6:45AM	3b. DATE OF DEATH (Month Day Yr): November 6, 1999
4. SOCIAL SECURITY NUMBER: 316-36-5891	5a. AGE - Last Birthday: 89; 5b. UNDER 1 YEAR (Months, Days); 5c. UNDER 1 DAY (Hours, Minutes)	6. DATE OF BIRTH (Mo Day Yr): Oct 2, 1910	7. BIRTHPLACE (City and State or Foreign Country): EAST CHICAGO, INDIANA
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES: N/A	9a. PLACE OF DEATH (Check only one. See Instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☒ Residence ☐ Other (Specify)	
9b. FACILITY NAME (If not institution, give street and number): 6819 ARKANSAS AVE.	9c. CITY TOWN OR LOCATION OF DEATH: HAMMOND	9d. COUNTY OF DEATH: LAKE	
10. MARITAL STATUS (Specify): Widowed	11. SURVIVING SPOUSE (If wife, give maiden name): NONE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOMEMAKER	12b. KIND OF BUSINESS INDUSTRY: OWN HOME
13a. RESIDENCE - STATE: IN	13b. COUNTY: LAKE	13c. CITY TOWN OR LOCATION: HAMMOND	13d. STREET AND NUMBER: 6819 ARKANSAS AVE.
13e. ZIP CODE: 46323; 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? ☒ No ☐ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE: WHITE; 17. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): PAUL ZALWESKI	19. MOTHER'S NAME (First, Middle, Maiden Surname): ALEXANDRIA ZEBRASKI

INFORMANT

20a. INFORMANT'S NAME (Type/Print): DALE DUNSTAN	20b. MAILING ADDRESS: 610 BEAN AVENUE, MORA, MN 55051	20c. Relationship: Son

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): Nov 10, 1999 ELMWOOD CEMETERY	21c. LOCATION - City or Town State: Hammond, IN
22a. EMBALMER'S NAME: C. WILLIAM MCCOY	22b. EMBALMER'S LICENSE NO: FDO1013612	23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: George Bocken	24b. LICENSE NUMBER (of Licensee): FDO1042047	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: FH83002801 BOCKEN FUNERAL HOME, INC. 7042 KENNEDY AVENUE, HAMMOND, IN 46323

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. Carcinoma of lung
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

FILED AUG 2 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I	27. WAS DECEDENT PREGNANT OR 60 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

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

29b. SIGNATURE AND TITLE OF CERTIFIER: M. Silverman	29c. MEDICAL LICENSE NO: 01035700	29d. DATE SIGNED (Month Day Year): 11/8/99 (November)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): MANSUETO SILVERMAN, M.D., 6924 INDIANAPOLIS BLVD., HAMMOND, IN 46324

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Franklin D. Bremude M.D.	32. DATE FILED (Month Day Year): November 8, 1999

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.			

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SDH06-004 State Form 10110-04 (R4 / 3-93) DEATHCERT(PI) I

BURNET TITLE

(Ticor Ab) BURNET 2000303

Key # 34-48-12 34-48-10 Hutman

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