

* 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

State No.

Local No. 189

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) JANINA (JENNIE) SLOMKOWSKI		2. SEX Female	3a. TIME OF DEATH 8:00 A M	3b. DATE OF DEATH (Month, Day, Yr) July 12, 2000
4. *SOCIAL SECURITY NUMBER 310-22-3212	5. AGE—(Last birthday) 98	6. DATE OF BIRTH (Mo, Day, Yr) February 2, 1902	7. BIRTHPLACE (City and State or Foreign Country) Plock, Poland	
8a. WAS DECEASET 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: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) 3932 Fir Street, First Floor		9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12a. DECEASET'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 Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION East Chicago	13d. STREET AND NUMBER 3932 Fir Street, First Floor	
13e. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEASET OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEASET'S EDUCATION (Specify only highest grade completed) N/A		18. DECEASET'S EDUCATION (Specify only highest grade completed) Elementary (K-12) <input type="checkbox"/> Secondary (11-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		
18. FATHER'S NAME (First, Middle, Last) Waclaw Denst		19. MOTHER'S NAME (First, Middle, Maiden Surname) Marjania Rutkomskich		
20a. INFORMANT'S NAME (Type/Print) Richard J. Slankowski		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3930 Fir Street, East Chicago, IN	20c. Relationship Son	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) July 17, 2000 Holy Cross Cemetery		21c. LOCATION—City or Town, State Calumet City, IL
22a. EMBALMER'S NAME Charles W. Wells		22b. EMBALMER'S LICENSE NO. FD01042373	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David J. Pastrick</i>		24b. LICENSE NUMBER (of licensee) FD08800012	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Oleska-Pastrick Funeral Home 3934 Elm Street, East Chicago, IN	
26. PART I. Enter the disease, 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. Vascular collapse Due to arteriosclerotic heart and vascular disease		Approximate Interval Between Onset and Death Unknown		
IMMEDIATE CAUSE (disease or condition resulting in death) 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		
27. WAS DECEASET PREGNANT OR 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	
29a. CERTIFIER (Check only one) <input 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 checked="" 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. Deputy		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Deputy</i>		29c. MEDICAL LICENSE NO. N/A
29d. DATE SIGNED (Month, Day, Year) July 13, 2000		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, IN 46307		
31. HEALTH OFFICER'S SIGNATURE <i>Mr. Timothy Ray Pawelek</i>		32. DATE FILED (Month, Day, Year) 7-18-00		
33. MANNER OF DEATH <input 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) 1764		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. NC 9:00 M.O. Ac CS		