ATTENTION ESTATE: The Social Security # is ing requested by this state agency in order to rsue its statutory responsibility. Disclosure is luntary and there will be no penalty for refusal.

ocal No. 1075-02

42644

PE/PRINT IN RMANENT LACK INK

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. 2002 046358

STATE OF IND. LAKE COUNTY FILED FOR RECORD

2002 MAY 17 PM 3:10

PETER BENJAMIN AUDITOR LAKE COUNTY RECORDER

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

1 DECEASED—NAME (First, Middle, Last)		2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr)	
WALTER H. TRZUPEK		MALE	11:55 AM	MAY 6, 2002	
4 *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr)	7 BIRTHPLACE (City and State or Foreign Country)
306-01-6943	86			JUNE 18, 1915	CHICAGO, ILLINOIS
8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions.)			
NO	N/A	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)		
9b FACILITY NAME (If not institution, give street and number)		9c CITY, TOWN, OR LOCATION OF DEATH		9d COUNTY OF DEATH	
ST. MARGARET MERCY HOSPITAL		DYER		LAKE	
10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		12b KIND OF BUSINESS/INDUSTRY	
MARRIED	LOTTIE JEZ	CRANEMAN		TANK MFGR.	
13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION		13d STREET AND NUMBER	
INDIANA	LAKE	HAMMOND		139-142ND STREET	
13e ZIP CODE	13f INSIDE CITY LIMITS ☐ No ☒ Yes	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)
46327	13g ON A FARM? ☒ No ☐ Yes	USA		WHITE	Elementary/Secondary (0-12): 7 College (1-4 or 5+):
18 FATHER'S NAME (First, Middle, Last)		19 MOTHER'S NAME (First, Middle, Maiden Surname)			
ANTHONY TRZUPEK		MARY KNAPIK			
20a INFORMANT'S NAME (Type/Print)		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		20c Relationship	
LOTTIE TRZUPEK		139-142ND ST., HAMMOND, INDIANA 46327		WIFE	
21a METHOD OF DISPOSITION ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MAY 9, 2002 HOLY CROSS CEMETERY		21c LOCATION—City or Town, State	
				CALUMET CITY, ILLINOIS	
22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes			
KEITH D. ANTHONY	01011911				
24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME			
Keith D Anthony	01011911	ANTHONY [illegible] FH 83002835 4404 CAMERON, HAMMOND, INDIANA 46327			

FILED

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. Cardio pulmonary arrest — MAY 7 2002

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:
b. DUE TO (OR AS A CONSEQUENCE OF): Atherosclerotic Heart Disease
c. DUE TO (OR AS A CONSEQUENCE OF): Dehydration, Electrolyte Imbalance
d.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

MAY 08 2002

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.	27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	NO	NO	NO

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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
[signature]	01031739	MAY 7, 2002

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): SHIV SHARMA M.D. 5815 CALUMET AVENUE, HAMMOND, INDIANA 46320 219 933

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
[signature] D.O.	May 8, 2002

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				
	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.			
				9.00 M.V. cash

SDH06-004 State Form 10110 (R5/1-99)