

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

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 944-04

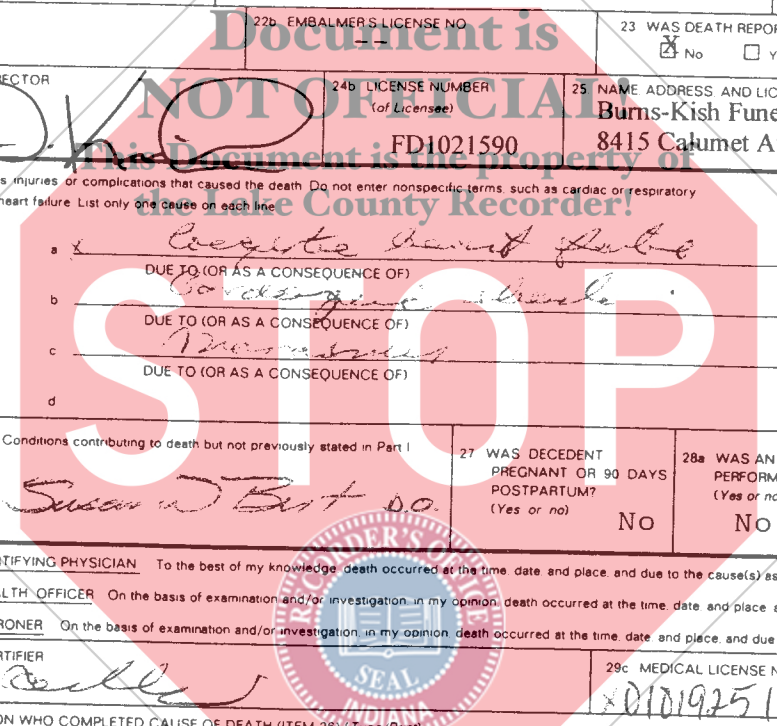
State No.

33346 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) Beatrice Molly Bodnar			2 SEX Female		3a TIME OF DEATH 2:46 pm		3b DATE OF DEATH (Month Day Year) April 5, 2004		
4 *SOCIAL SECURITY NUMBER 307-01-1763		5a AGE—Last Birthday (Years) 95	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) March 10, 1909		7 BIRTHPLACE (City and State or Foreign Country) Poland,		
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES?		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b FACILITY NAME (If not institution, give street and number) Community Hospital				9c CITY, TOWN, OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Widowed		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) Buyer		12b KIND OF BUSINESS/INDUSTRY Retail			
13a RESIDENCE—STATE IN		13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Munster		13d STREET AND NUMBER 8363 Parkview				
13e ZIP CODE 46321	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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) 11 College (1-4 or 5+) 11		
18 FATHER'S NAME (First, Middle, Last) Jake Cheval				19 MOTHER'S NAME (First, Middle, Maiden Surname) Faiga Zausnitz					
20a INFORMANT'S NAME (Type/Print) Robert Bodnar				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8816 Greenwood, Munster, IN 46321			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) April 8, 2004 Kneseth Israel Cemetery			21c LOCATION—City or Town, State Hammond, IN			
22a EMBALMER'S NAME ---			22b EMBALMER'S LICENSE NO. ---		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b LICENSE NUMBER (of Licensee) FD1021590	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home Lic # 3004968 8415 Calumet Ave, Munster, IN 46321-2521					
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 <i>Cerebral aneurysm rupture</i> DUE TO (OR AS A CONSEQUENCE OF) b <i>Cardiomegaly</i> DUE TO (OR AS A CONSEQUENCE OF) c <i>Hypertension</i> 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 <i>Susan J. Best D.O.</i>								Approximate Interval Between Onset and Death <i>10-15 6 weeks</i>	
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) ---				
29a CERTIFIER (Check only one) <input checked="" 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 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									
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>					29c MEDICAL LICENSE NO. 801019251		29d DATE SIGNED (Month Day Year) April 8, 2004		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) F. Adler, M.D. 800 MacArthur Blvd. Munster, IN 46321									
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					32 DATE FILED (Month Day Year) 4/8/04				
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, in a public place, in a 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) specify driver, passenger, pedestrian, etc.		34i COUNTY AUDITOR STEPHEN R. STIGLICH LAKE COUNTY AUDITOR					

Stephen M. Brennan, P.C., 107 W. 179th Ave, Merrillville, IN, 46411 D



FILED
APR 30 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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