

ATTENTION: The Social Security # is being requested by this state agency in order to determine 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. 2406-03

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

REPEATED
PRINT
IN
PERMANENT
BLACK INK

2
DECEDENT

RENTS
FRMANT

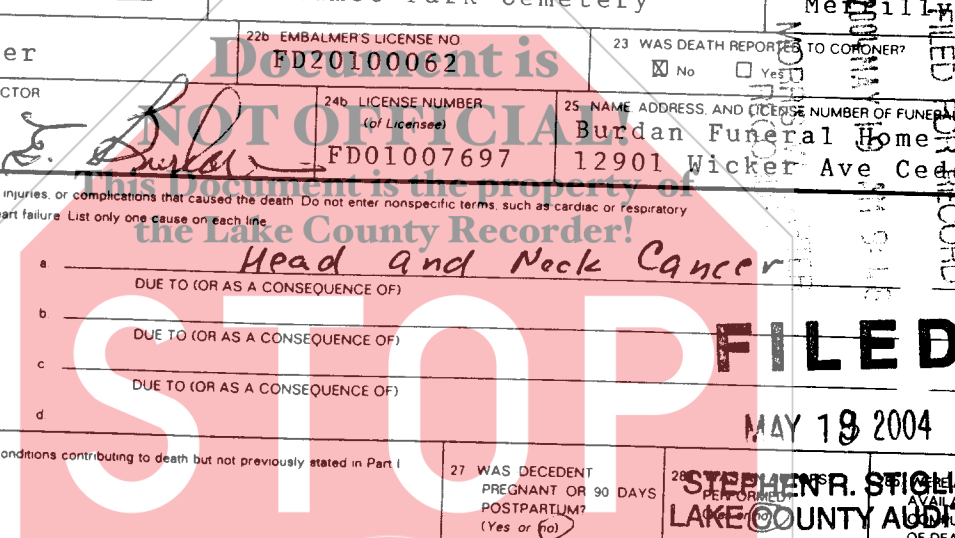
CHICAGO TITLE INSURANCE COMPANY
POSITION

USE OF
ATH

ITIFIER

ALTH
ICER

1 DECEASED—NAME (First, Middle, Last) Irene E. Salat		2 SEX Female	3a TIME OF DEATH 6:00P M	3b DATE OF DEATH (Month, Day, Yr.) October 13, 2003	
4 *SOCIAL SECURITY NUMBER 314-03-9213	5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) Jan 10, 1920	
7 BIRTHPLACE (City and State or Foreign Country) Whiting, IN	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? NA	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 checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b FACILITY NAME (If not institution, give street and number) 236 Ruth	9c CITY, TOWN, OR LOCATION OF DEATH Lowell	9d COUNTY OF DEATH Lake	10 MARITAL STATUS (Specify) Widowed		
11 SURVIVING SPOUSE (If wife, give maiden name) NA	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 Family Residence	13a RESIDENCE—STATE IN		
13b COUNTY Lake	13c CITY, TOWN OR LOCATION Lowell	13d STREET AND NUMBER 236 Ruth	13e ZIP CODE 46356		
13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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 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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (Secondary (0-12)) <input type="checkbox"/> College (11-4 or 5+) <input type="checkbox"/>		18 FATHER'S NAME (First, Middle, Last) Michael Halajcsik			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Potis		20a INFORMANT'S NAME (Type/Print) Valerie Borggren			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15731 Colfax Lowell, IN 46356		20c Relationship Daughter			
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) October 17, 2003 Calumet Park Cemetery		21c LOCATION—City or Town, State Merillville, IN	
22a EMBALMER'S NAME Jason Frazier		22b EMBALMER'S LICENSE NO. FD20100062		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>William E. Durlan</i>		24b LICENSE NUMBER (of Licensee) FD01007697		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burdan Funeral Home, RD 83002461 12901 Wicker Ave Cedar Lake, IN 46303	
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. Head and Neck Cancer					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a _____ DUE TO (OR AS A CONSEQUENCE OF) b _____ DUE TO (OR AS A CONSEQUENCE OF) c _____ DUE TO (OR AS A CONSEQUENCE OF) d _____ DUE TO (OR AS A CONSEQUENCE OF)					
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 DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No)		28 PSYCHOPATHY FINDINGS AVAILABLE PRIOR TO DEATH? (Yes or 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 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) as stated					
29b SIGNATURE AND TITLE OF CERTIFIER <i>R. S. Drasga</i>		29c MEDICAL LICENSE NO. 01031484		29d DATE SIGNED (Month, Day, Year) 10/15/03	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) RAY DRASGA 1205 S. MAIN ST CROWN POINT IN. 46307					
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Butts, D.O.</i>					
32 DATE FILED (Month, Day, Year) October 15, 2003					
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)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



001330

No: 620042603

LEGAL DESCRIPTION

Lots 42 and 43, in Dalecarlia, the South Half of Block 25, as per plat thereof, recorded in Plat Book 24 page 41, in the Office of the Recorder of Lake County, Indiana.

