Key # 35-148-17

* 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.

Local No. 1073

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.

June 16, 2004 — Date Issued — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	MARLENE M. BALIGA
2. Sex	FEMALE
3a. Time of Death	2:45 AM
3b. Date of Death (Month, Day, Yr)	DECEMBER 27, 1996
4. *Social Security Number	304-32-7766
5a. Age—Last Birthday (Years)	62
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth (Mo, Day, Yr)	JAN. 17, 1934
7. Birthplace (City and State or Foreign Country)	HAMMOND, INDIANA
8a. Was Decedent a U.S. Veteran?	NO
8b. Year Last Served in U.S. Armed Forces?	- NONE
9a. Place of Death	OTHER: [X] Residence
9b. Facility Name (If not institution, give street and number)	262 HANOVER STREET
9c. City, Town, or Location of Death	HAMMOND
9d. County of Death	LAKE
10. Marital Status	MARRIED
11. Surviving Spouse (If wife, give maiden name)	CHESTER A. BALIGA
12a. Decedent's Usual Occupation	PROOF READER
12b. Kind of Business/Industry	CREDIT UNION
13a. Residence—State	INDIANA
13b. County	LAKE
13c. City, Town, or Location	HAMMOND
13d. Street and Number	262 HANOVER STREET
13e. Zip Code	46327
13f. Inside City Limits	[X] Yes
13g. On a Farm?	[X] No
14. Citizen of What Country?	USA
15. Was Decedent of Hispanic Origin?	[X] No
16. Race	WHITE
17. Decedent's Education (Elementary/Secondary 0-12; College 1-4 or 5+)	12

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	AUGUST SEAMAN
19. Mother's Name (First, Middle, Maiden Surname)	STELLA CZARNECKI

INFORMANT

Field	Entry
20a. Informant's Name	CHESTER A. BALIGA
20b. Mailing Address	262 HANOVER STREET, HAMMOND, IN 46327
20c. Relationship	HUSBAND

DISPOSITION

Field	Entry
21a. Method of Disposition	[X] Cremation
21b. Date and Place of Disposition	DECEMBER 30, 1996 OAKLAND MEMORY LANES CREMATORY
21c. Location—City or Town, State	DOLTON, ILLINOIS
22a. Embalmer's Name	KEITH D. ANTHONY
22b. Embalmer's License No.	01011911
23. Was Death Reported to Coroner?	[X] Yes
24a. Signature of Funeral Director	Keith D. Anthony
24b. License Number (of Licensee)	01011911
25. Name, Address, and License Number of Funeral Home	ANTHONY & DZIADOWICZ FH-83002835, 4404 CAMERON, HAMMOND, IN 46327

CAUSE OF DEATH

28 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.

	Cause	Approximate Interval Between Onset and Death
a. Immediate cause	Pancreatic Cancer	3 months
b. Due to (or as a consequence of)		
c. Due to (or as a consequence of)		
d. Due to (or as a consequence of)		

PART II Other significant conditions — Conditions contributing to death but not previously stated in Part I:

27. Was decedent pregnant or 90 days postpartum? NO
28a. Was an autopsy performed? NO
28b. Were autopsy findings available prior to completion of cause of death? NO

CERTIFIER

29a. Certifier: [X] 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: C. McIntire D.O.
29c. Medical License No: 02001515
29d. Date Signed: DECEMBER 27, 1996

30. Name and Address of Person Who Completed Cause of Death (Item 28): CHRISTOPHER McINTIRE D.O. 3831 HOHMAN AVENUE, HAMMOND, INDIANA 46327

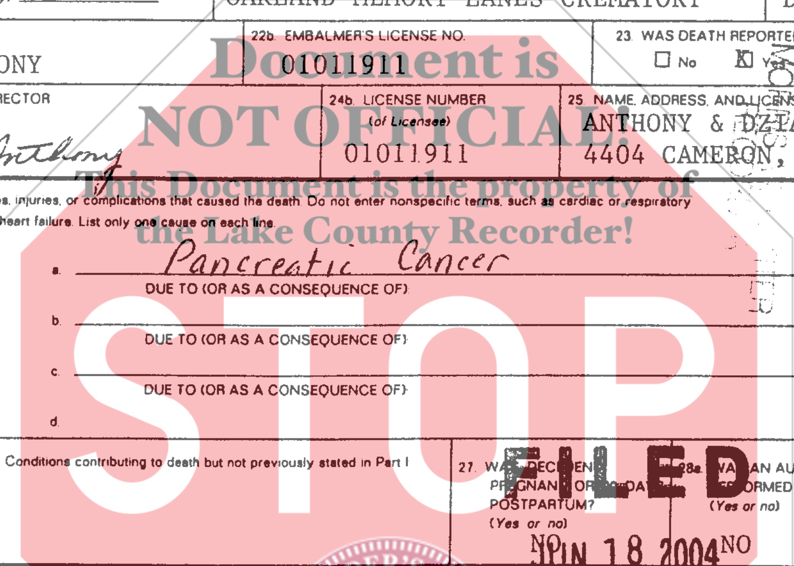
HEALTH OFFICER

31. Health Officer's Signature: Franklin J. Bermuda M.D.
32. Date Filed: DEC 27 1996

33. Manner of Death: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide

34a. Date of Injury: 34b. Time of Injury: 34c. Injury at Work?: 34d. Describe How Injury Occurred:
34e. Place of Injury: 34f. Location:
34g. Date Pronounced Dead: 34h. Motor Vehicle Accident?:

001590



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STOP
FILED JUN 18 2004
STEPHEN R. STIGLICH LAKE COUNTY AUDITOR
FILED FOR RECORD

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1