

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 345

Date Issued May 21, 2004
Franklin J. Stiglitz, M.D.
Hammond Health Commissioner

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

420044200

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

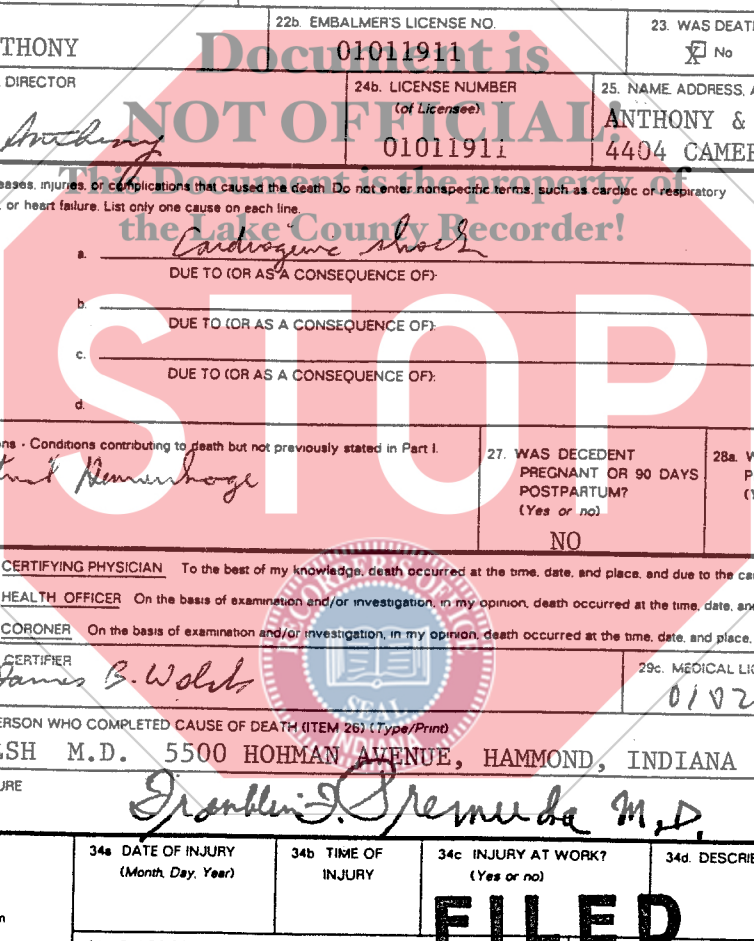
CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) HENRIETTA EVELYN WOJTENA				2 SEX FEMALE		3a. TIME OF DEATH 3:53 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) MAY 19, 2004	
4. *SOCIAL SECURITY NUMBER 308-18-7263		5a. AGE—Last Birthday (Years) 82		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) NOVEMBER 3, 1921	
7a. WAS DECEDENT A U.S. VETERAN? NO		7b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		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) ST. MARGARET MERCY HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH HAMMOND			9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CLERK			12b. KIND OF BUSINESS/INDUSTRY GOVERNMENT		
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION HAMMOND			13d. STREET AND NUMBER 228 BRUNSWICK AVENUE		
13e. ZIP CODE 46327		13f. INSIDE CITY LIMITS <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	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 0			18. FATHER'S NAME (First, Middle, Last) JOHN WACH				
19. MOTHER'S NAME (First, Middle, Maiden Surname) CASPERA UNAVAILABLE					20a. INFORMANT'S NAME (Type/Print) PAUL WOJTENA				
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2038 E. MAPLE ST., CRETE, ILLINOIS 60417					20c. Relationship SON				
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MAY 22, 2004 ELMWOOD CEMETERY			21c. LOCATION—City or Town, State HAMMOND, INDIANA			
22a. EMBALMER'S NAME KEITH D. ANTHONY			22b. EMBALMER'S LICENSE NO. 01011911			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Keith D. Anthony</i>			24b. LICENSE NUMBER (of Licensee) 01011911			25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, INDIANA 46327			
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) Cardiogenic shock DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ 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. Gastrointestinal hemorrhage									
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) 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>James B. Walsh</i>						29c. MEDICAL LICENSE NO. 01027487		29d. DATE SIGNED (Month, Day, Year) MAY 20, 2004	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) JAMES B. WALSH M.D. 5500 HOHMAN AVENUE, HAMMOND, INDIANA 46320									
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Stiglitz M.D.</i>								32. DATE FILED (Month, Day, Year) May 21, 2004	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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) FILED JAN 5 2005						
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. STEPHEN R. STIGLICH LAKE COUNTY AUDITOR 000164						

26-35-149-7 228 BRUNSWICK ST

Chicago Title Insurance Company



RECORDED
INDEXED
MAY 21 2004
LAKE COUNTY REC'D

No: 620044200

LEGAL DESCRIPTION

Lot 7 of Block 5 in Northside Addition to Hammond, as per plat thereof, recorded in Plat Book 1 page 77, in the Office of the Recorder of Lake County, Indiana.

