* 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.

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

630048469 INDIANA STATE DEPARTMENT OF HEALTH COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

1	=RT	IFIC.	ATE	OF	DEATH

OMPLETE	COPY	OF	DEATH	ON	FILE	WI
AMMONE	HEAL	ΤH	DEPART	MEN.	Ę.	
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pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.	INDIANA STATE DEFAITIMENT OF I								
Local No. 6.7.3.	CERTIFICATE OF DEATH								
THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10									

ALIH DEPARIMENT.	-
Lanara	MO

TYPE/PRINT	DOROTHY M. BUDZIK								sex Temal	ام	3a. TIME OF DEA	:40 PM October 1, 2004			
IN	************				,		F. (1915)					res	October 1, 2		
PERMANENT BLACK INK	1 7 7 7 1 7								6. DAY 8. DATE OF BIRTH (Mo. Day, Yr) Alinutes September 22, 1921			7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana			
DEAON IM	Ba. WAS DECED	AST SERVED IN			<u> </u>				ATH (Check only o	ne See é	intrudione)				
	A U.S. VETER	IAN?		MED FORCES?	HOSPIT	AL: N Inpe	tient			1	☐ Nursing Home				
	No		N/.		<u> </u>	☐ ER/	Outpatient [Residence		\bigcirc		
DECEDENT	96. FACILITY NA ST.MARO			rand number) / HEALTH	CAR	E		1		N ORLOCA OND	ATION OF DEATH	96 SQUNTY OF DEATH LAKE			
	10. MARITAL ST. (Specify)	ATUS	11. SURVIV	ING SPOUSE			12a. DECEDENT			CCUPATION	(Give kind of world of world of use retired)	125	SS/INDUSTRY		
	Widowed		N/A			HOMEN					o not use repred)		OWN HOME		
	13a. RESIDENCE—STATE Indiana		136. COUNTY Lake		Hammond				13d. STREET AND 7343 Mars			number hall A√efitie			
	13e. ZIP CODE	13f INSIDE CIT	Y LIMITS 14	CITIZEN OF		S DECEDENT		ORIGIN?		16. RACE-	-American Indian, White, etc.			NT'S EDUCATION	
	46323	13g. ON A FARM		.S.A.	i	xican, Puerto I		а, армину ч	Cub a n,	(Specif		Elemer	Neipetify only high ntary/Secondary (0-	heat grade completed) 12) College (1-4 or 5 +	
		M No □	1 -							WHIT	E			4	
PARENTS	18. FATHER'S NA John Ko							,		s name (Fil Jelenie	rst Middle. Meiden ecki	Surname)	1		
INFORMANT	20a. INFORMANT				1	20b. MAILING	ADDRESS (ite Number, City or	Town, St	ate, Zip Code) 2	Oc. Relationship	
	Steven Bu	ıdzik, D.I).S.			454 Am	hurst R	oad, Y	Valpa	ıraiso,	IN 46385	35 _ SON (*)			
	21a. METHOD OF	DISPOSITION	☐ Entombm		216. DAT	E AND PLACE			me of cer	netery, crem	ntory, ar	le toc	ATION—City or To	we State	
		Cremetion	☐ Removal	from State			ct 7, 20	16			<u> </u>	i Cin	FREEVILI	FIN	
		Other (Specify	<u> </u>		COM	IMUNI'	TY CRE	EMAT	CION	SERV	VICES		HERERVILLE IN		
DISPOSITION	22s. EMBALMER'S		-	EMBALMER'S					AS DEATH REPOR	T	CORONER	281			
}	JOSE G. CORONA FD08601373 No Ves 246. SIGNATURE OF FUNERAL DIRECTOR (25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL DIRECTOR (27. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL GROVE)														
	246. SIGNATURE OF FUNERAL DIRECTOR 25. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 26. COF LICENSE NUMBER OF FUNERAL HOME. 27. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 28. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 29. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 21. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 22. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 23. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 24. SIGNATURE OF FUNERAL HOME. 25. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 26. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 27. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 28. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 29. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 29. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 29. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME. 20. NAME ADD														
	FDO1042047 A 7042 KENNEDY AVENUE, HAMMOND, IN														
Ī	26. PARK I. Enter the diseases injuries or complications that caused the death Do not enter population such as cardiac or capacitic terms, such as cardiac or capacitic terms.														
	Approximate Interval Between														
	IMMEDIATE CAUSE (Final diseases or condition resulting in death) Onse										Onset and Death				
CAUSE OF															
	Conditions, if any, wh		0	DUE TO (OF	JE TO (OR AS A CONSEQUENCE OF)										
1	analising the underlying			DUE TO (OR AS A CONSEQUENCE OF)											
'	cause last		d.	DOE 10 (OF	I AS A CC	Macquence	OFE								
r.	PART II Other mond	CROL PONDITION		ntributing to death but											
ľ		Total Conditional	Conditions Co.	uniputing to destis bri	not previo	ously stated in	Part I 2	7 WAS I		NT P 90 DAYS	28m. WAS AN			AUTOPSY FINDINGS ABLE PRIOR TO	
ω								POSTI (Yes o	PARTUM or no)	1?	(Yes or no)		COMPL	ETION OF CAUSE	
\ <u> </u>								N			No		OF DEA	No	
) 2	9a. CERTIFIER (Check only	CER CER	TIFYING PHY	SICIAN To the bes	t of my kne	owledge, death	occurred at th	e time, dal	ie, and pla	sce, and due	to the cause(s) as	stated.			
	one)		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.												
35	A. 0:01:13::==	COR	ONER On th	ne basis of examination	n and/or u	nvertigation, in	my apinion, de	och occur	red at the	time, date, a	and place, and due t	o the cau	se(s) and manner as	stated.	
CERTIFIER ,	96 SIGNATURE AN	ID TITLE OF CER	TIFIER	-Buga	-			毛		1 ,	DICAL LICENSE N	D .	29d. DATE SK	GNED (Month. Day. Year)	
\(\frac{1}{2}\)	NAME AND ADD	RESS OF PERSO	DEATH #	DEATH (IJEM 26) (Type/Print)					12746 10-7-09						
-	Y. Frantz	Brignol,	M.D. 8	668 Broady	vay	Aerrilly	De, IN	6410					(Octobe	n)	
DEALTH 31	HEALTH OFFICER	TS SIGNATURE		K			la ea le	ngo (nga	se	10			32. DATE FILE	D (Month. Day, Year)	
33	MANNER OF DEA	тн		DATE OF INJURY	348	TIME OF	34c INJ	URYAT V	VORK?	34d.	DESCRIBE HOW	NJURY (/C 1, 200]	
	X Natural	Pending		(Month, Day, Year)		INJURY	F 1	Zno)							
1	Accident	Investigation					3 15	Kan I							
	Suicide	Could not be Determined	346	PLACE OF INJURY- building, etc. (Specify	At home.)	farm, street, fi		7	34F LOCATION (Street and Number or Rural Route Number, City or Town.					or Town, State)	
	Homicide	- stermeneu					JAN	-	200		: :				
34	g. DATE PRONOUN	ICED DEAD (Mor	th, Day, Year)	34h MOTOR V	EHICLE A	CCIDENT (Y	or hos A	I.Dec	STIC	Hen	edestrian, etc.		0000	4	
						LA		iV	AU	OTIC	3	1	ひひひるこ	15 9_	