

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to sue 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. ... 0-397-06

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

REPRINT IN PERMANENT BLACK INK

DECEDENT

MENTS

FORMANT

POSITION

USE OF 4TH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) MARY JOAN ZALIK					2. SEX FEMALE	3a. TIME OF DEATH 2:10P M	3b. DATE OF DEATH (Month, Day, Yr) Feb. 17, 2006
4. SOCIAL SECURITY NUMBER 341-30-2903		5a. AGE—Last Birthday (Years) 66	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) MARCH 8, 1939	7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS	
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NO		9a. PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		<input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) RESIDENCE	
9b. FACILITY NAME (If not institution, give street and number) ST. MARGARET MERCY SOUTH				9c. CITY, TOWN, OR LOCATION OF DEATH DYER		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) LEONARD		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SECRETARY		12b. KIND OF BUSINESS/INDUSTRY NORFOLK SOUTHERN RAILROAD	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION ST. JOHN		13d. STREET AND NUMBER 8951 LOUIS CT	
13e. ZIP CODE 46373		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.)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12			
18. FATHER'S NAME (First, Middle, Last) ARNOLD OROLIN				19. MOTHER'S NAME (First, Middle, Maiden Surname) MARY DUBOVSKY			
20a. INFORMANT'S NAME (Type/Print) LEONARD ZALIK			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8951 Louis Ct. St. John, IN. 46373			20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input 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) HOLY CROSS CEMETERY FEBRUARY 20, 2006			21c. LOCATION—City or Town, State CADUMET CITY, IN	
22a. EMBALMER'S NAME JAMES F. BETKOWSKI			22b. EMBALMER'S LICENSE NO. FD09200077		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>			24b. LICENSE NUMBER (of Licensee) FD09200077		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Elmwood Chapel #19908052 11300 W. 97th Ln St John, IN 4637		
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. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. Intracranial bleeding FILED 2 days							
b. ventricular tachycardia 1 day							
c. Head trauma AUG 02 2006 3 days							
d.							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.							
Aortic Valve replacement on communi							
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input type="checkbox"/>					28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input type="checkbox"/>		
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>W. Atassi</i>					29c. MEDICAL LICENSE NO. 01058603A		29d. DATE SIGNED (Month, Day, Year) 2-21-06
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) W. Atassi MD 7400 Columbia Ave Hammond IN 46324							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Birt, D.O.</i>						32. DATE FILED (Month, Day, Year) February 21, 2006	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.	
		34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) MAY 09 2006			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			
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