

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

State No.

Local No. 2894-99

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

#260191
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) ELIZABETH DURAN

2. SEX Female

3a. TIME OF DEATH 11:15 A M

3b. DATE OF DEATH (Month, Day, Yr.) December 20, 1999

4. *SOCIAL SECURITY NUMBER 308-68-4651

5a. AGE—Last Birthday (Years) 80

5b. UNDER 1 YEAR Months Days

5c. UNDER 1 DAY Hours Minutes

6. DATE OF BIRTH (Mo, Day, Yr) August 12, 1919

7. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia

8a. WAS DECEDENT A U.S. VETERAN? No

8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None

9a. PLACE OF DEATH (Check only one. See instructions.)
HOSPITAL: Inpatient ER/Outpatient DOA
OTHER: Nursing Home Residence Other (Specify) Hospice Residence

9b. FACILITY NAME (If not institution, give street and number) 511 Otis Bowen Drive

9c. CITY, TOWN, OR LOCATION OF DEATH Munster

9d. COUNTY OF DEATH Lake

10. MARITAL STATUS (Specify) Married

11. SURVIVING SPOUSE (If wife, give maiden name) Andrew Duran

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 Own Home

13a. RESIDENCE—STATE Indiana

13b. COUNTY Lake

13c. CITY, TOWN, OR LOCATION Munster

13d. STREET AND NUMBER 649 Main Street

13e. ZIP CODE 46321

13f. INSIDE CITY LIMITS No Yes

13g. ON A FARM? No Yes

14. CITIZEN OF WHAT COUNTRY? U.S.A.

15. WAS DECEDENT OF HISPANIC ORIGIN? No 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) 8 College (11-4 or 5+) 8

18. FATHER'S NAME (First, Middle, Last) John Komorowsky

19. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Pachuta

20a. INFORMANT'S NAME (Type/Print) Andrew Duran

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 649 Main Street, Munster, IN 46321

20c. Relationship Husband

21a. METHOD OF DISPOSITION Entombment Burial Cremation Removal from State Donation Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 23, 1999 Chapel Lawn Memorial Gardens

21c. LOCATION—City or Town, State Schererville, Indiana

22a. EMBALMER'S NAME Larry D. Anthony

22b. EMBALMER'S LICENSE NO. 01001447

23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR *Larry D. Anthony*

24b. LICENSE NUMBER (of Licensee) 01001447

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Anthony & Dziadowicz, F.H. #83002916 9445 Calumet Ave, Munster, IN 46321

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)
a. *Renal Failure*
DUE TO (OR AS A CONSEQUENCE OF)
b. *Panmyelopenia*
DUE TO (OR AS A CONSEQUENCE OF)
c. *Nodular Lymphoma*
DUE TO (OR AS A CONSEQUENCE OF)
d.
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

APPROXIMATE DATE OF DEATH OCT 26 2006

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) 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 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 *James B. Walsh*

29c. MEDICAL LICENSE NO. 0127487

29d. DATE SIGNED (Month, Day, Year) December 20, 1999

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 *Alexander Kellina M.D.*

32. DATE FILED (Month, Day, Year) December 21, 1999

33. MANNER OF DEATH
 Natural Pending Investigation
 Accident Could not be Determined
 Suicide Homicide

34a. DATE OF INJURY (Month, Day, Year)

34b. PLACE OF INJURY—At home, farm, building, etc. (Specify)

34c. INJURY

34d. DESCRIBE HOW INJURY OCCURRED

34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) 022071

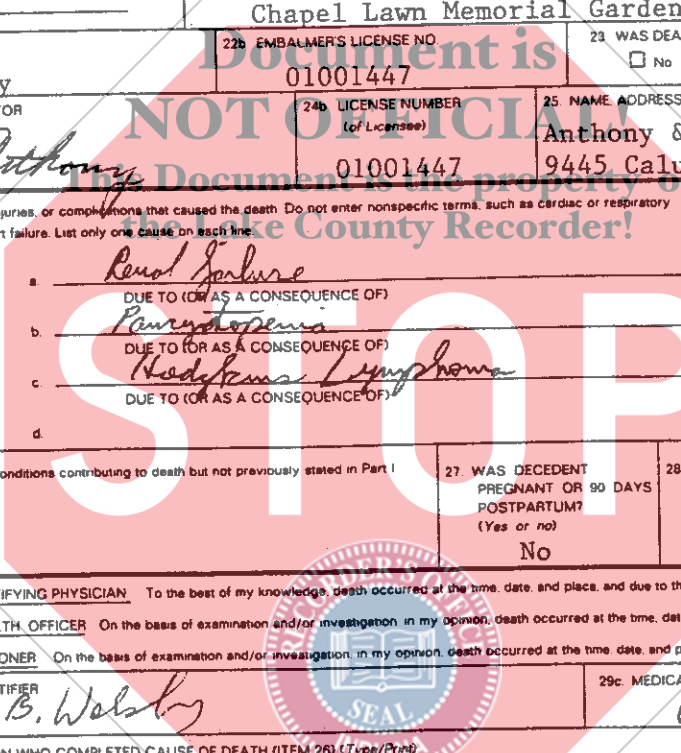
34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

W 120ft of E 615th of
S 80ACE of Hwy
S. 36 T. 36 R. 10 2138AC
18-28-0021-0021

W 110ft of E 725th of
S 36 T. 36 R. 10 1.960AC
18-28-0022-0016



FILED
OCT 26 2006
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

CS
11.00
D.D.M.