

\* 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. 1560-01

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (CASIMIR A. WOJTENA), SEX (MALE), TIME OF DEATH (4:30 P M), DATE OF DEATH (JULY 11, 2001), SOCIAL SECURITY NUMBER (313-01-6221), AGE (86), BIRTH DATE (MARCH 3, 1915), BIRTHPLACE (HAMMOND, INDIANA), PLACE OF DEATH (HOSPICE), FACILITY NAME (WILLIAM J. RILEY HOSPICE RESIDENCE), CITY (MUNSTER), COUNTY (LAKE), MARITAL STATUS (MARRIED), SURVIVING SPOUSE (JOAN A. MURZYN), OCCUPATION (CARPENTER), BUSINESS (OIL COMPANY), RESIDENCE (INDIANA, LAKE, HAMMOND, 3930 TOWLE AVENUE), ZIP CODE (46327), CITIZENSHIP (USA), RACE (WHITE), EDUCATION (10), FATHER'S NAME (STANLEY WOJTENA), MOTHER'S NAME (VICTORIA BONK), INFORMANT (JOAN A. WOJTENA), Mailing Address (3930 TOWLE AVENUE, HAMMOND, INDIANA 46327), Relationship (WIFE), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (JULY 14, 2001, HOLY CROSS CEMETERY), EMBALMER'S NAME (KEITH D. ANTHONY), LICENSE NUMBER (01011911), FUNERAL HOME (ANTHONY & DZIADOWICZ), ADDRESS (4404 CAMERON, HAMMOND, INDIANA 46327), CAUSE OF DEATH (Small Cell Lung Cancer), SIGNATURE OF CERTIFIER (Lyle Munn M.D.), ADDRESS (4321 FIR ST., EAST CHICAGO, INDIANA 46312), MANNER OF DEATH (Natural), DATE OF INJURY (JULY 13, 2001), TIME OF INJURY (11:30 AM), PLACE OF INJURY (Home), DATE PRONOUNCED DEAD (JULY 13, 2001), MOTOR VEHICLE ACCIDENT? (No).

167364

DECEDENT

PARENTS

INFORMANT

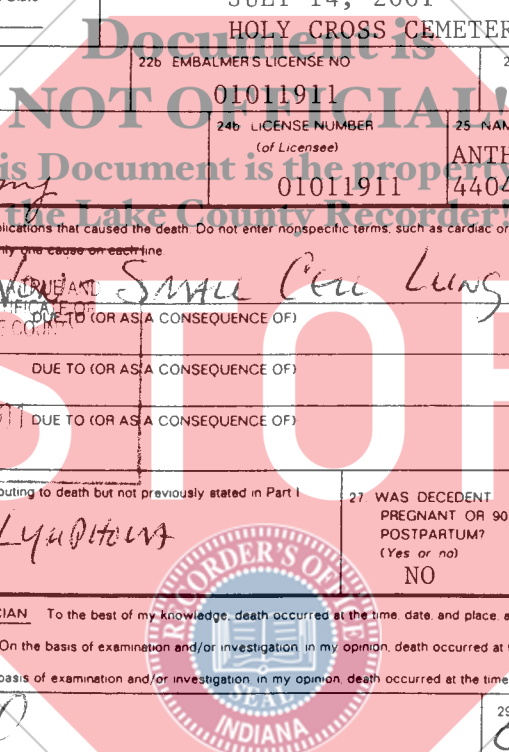
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

26-36-0149-0017  
41164606



FILED

DEC 8 2006

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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