

* 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. 251

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 (Emilia Sawchik), SEX (Female), TIME OF DEATH (9:50a M), DATE OF DEATH (Sep 16 2005), SOCIAL SECURITY NUMBER (310 38 5144), AGE (96), DATE OF BIRTH (Mar 15 1909), BIRTHPLACE (Poland), FACILITY NAME (5026 Magoun Ave), CITY/TOWN (East Chicago), COUNTY (Lake), MARITAL STATUS (Widow), SURVIVING SPOUSE (N/A), DECEASED'S USUAL OCCUPATION (Homemaker), KIND OF BUSINESS/INDUSTRY (Own Home), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN OR LOCATION (East Chicago), STREET AND NUMBER (5026 Magoun Ave), ZIP CODE (46312), CITIZEN OF WHAT COUNTRY (USA), RACE (White), EDUCATION (12), FATHER'S NAME, MOTHER'S NAME, INFORMANT'S NAME (Jeanie Szala), MAILING ADDRESS (9542 Dogwood Dr Munster In 46321), Relationship (Daughter), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (Sep 20 2005, Holy Ghost Cemetery, Hammond In), EMBALMER'S NAME (James W Gholston), LICENSE NO (1004194), SIGNATURE OF FUNERAL DIRECTOR (John P. Lesniak), LICENSE NUMBER (1005491), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Lesniak FH83001601, 4918 Magoun E Chicago In 46312), PART I: IMMEDIATE CAUSE (Chronic renal failure), PART II: Other significant conditions (Alzheimer's Disease), CERTIFIER (James B. Webster), MEDICAL LICENSE NO (01027487), DATE SIGNED (9/19/05), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (James Walsh MD 5500 Hohman Ave Hammond In 46320), HEALTH OFFICER'S SIGNATURE (Paula Bonchuk Abornick MD), DATE FILED (9/20/05), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Parcel # 24330-159-13A 14

