

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to use its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

File No. 1762-05

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

REPRINT IN PERMANENT INK

IDENT

ENTS

INFORMANT

POSITION

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1. DECEASED—NAME (First, Middle, Last) CHESTER JOHN SACZAWA				2. SEX MALE		3a. TIME OF DEATH 11:35 A.M.		3b. DATE OF DEATH (Month, Day, Yr.) JUNE 30, 2005				
4. *SOCIAL SECURITY NUMBER 313-14-0698		5a. AGE—Last Birthday (Years) 81		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) JUNE 27, 1924		7. BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, INDIANA		
8a. WAS DECEDENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence RILEY RESIDENCE				
9b. FACILITY NAME (If not institution, give street and number) WILLIAM J. RILEY RESIDENCE - HOSPICE						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) EVELYN GRYSZKOS		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CARPENTER				12b. KIND OF BUSINESS/INDUSTRY CONSTRUCTION				
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION HIGHLAND				13d. STREET AND NUMBER 3233 HIGHWAY AVE.				
13e. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 12 College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) STANISLAU SACZAWA						19. MOTHER'S NAME (First, Middle, Maiden Surname) STEFANIA MARCINEK						
20a. INFORMANT'S NAME (Type/Print) EVELYN SACZAWA				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3233 HIGHWAY AVE. HIGHLAND, IN. 46322				20c. Relationship WIFE				
21a. METHOD OF DISPOSITION <input checked="" 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) JULY 2, 2005 CHAPEL LAWN MEMORIAL GARDENS				21c. LOCATION—City or Town, State SCHERERVILLE, INDIANA				
22a. EMBALMER'S NAME SCOTT PREWITT				22b. EMBALMER'S LICENSE NO. FDO1006861		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (of Licensee) FDO1006861		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME FH83003035 2828 HIGHWAY AVE., HIGHLAND, IN. 46322						
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. <u>Cerebral Vascular Accident</u> DUE TO (OR AS A CONSEQUENCE OF) b. <u>Arteriosclerosis</u> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death <u>Days</u>		
26a. 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 (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>[Signature]</i>						29c. MEDICAL LICENSE NO. 02000640A		29d. DATE SIGNED (Month, Day, Year) 7/1/05				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 92A Ridge Road #7 Munster IN 46321												
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32. DATE FILED (Month, Day, Year) Jul 1, 2005		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) NOV 26 2007		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED LAKE COUNTY AUDITOR PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR				
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) FILE NO 023470						
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no, if yes specify driver, passenger, pedestrian, etc.)								