

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to assume 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. 5021-03

27436 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

PE/PRINT IN PERMANENT LACK INK

1 DECEASED—NAME (First, Middle, Last) WALTER FRANCIS FLORCZAK				2 SEX Male	3a TIME OF DEATH 10:31 A _M	3b DATE OF DEATH (Month, Day, Yr.) December 19, 2003
4 *SOCIAL SECURITY NUMBER 049-32-8724		5a AGE—Last Birthday (Years) 61	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) Sept. 24, 1942	7 BIRTHPLACE (City and State or Foreign Country) Brooklyn, New York
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1974	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 type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) 9319 Magnolia Lane			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) Judith Emily Kuziak		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Medical Doctor/Surgeon		12b KIND OF BUSINESS/INDUSTRY Cardiovascular/Thoracic	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Munster		13d STREET AND NUMBER 9319 Magnolia Lane	
13e ZIP CODE 46321	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) College (1-4 or 5+) 5+
18 FATHER'S NAME (First, Middle, Last) August Florczak			19 MOTHER'S NAME (First, Middle, Maiden Surname) Felicia Skotnicki			
20a INFORMANT'S NAME (Type/Print) Judith E. Florczak			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9319 Magnolia Lane, Munster, IN 46321		20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <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) December 23, 2003 Community Cremation Service		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? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		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 <i>Cardiac Arrest</i> DUE TO (OR AS A CONSEQUENCE OF) b <i>Coronary Artery Disease</i> DUE TO (OR AS A CONSEQUENCE OF) c <i>Diabetes Mellitus</i> DUE TO (OR AS A CONSEQUENCE OF) d <i>Peripheral Vascular Disease</i>						Approximate Interval Between Onset and Death
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>V.R. Gandra</i>				29c MEDICAL LICENSE NO. 01029999	29d DATE SIGNED (Month, Day, Year) December 22, 2003	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Vidyadhar R. Gandra, M.D., 1205 S. Main, Crown Point, Indiana 46307						
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. R. Gandra, DO</i>						
32 DATE FILED (Month, Day, Year) December 22, 2003						
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) MAR - 7 2008	34b INJURY AT WORK? (Yes or no) INJURY	34c DESCRIBE HOW INJURY OCCURRED 1100 CS AM		
34a PLACE OF INJURY - In home, farm, fire, factory, office, building, etc. (Specify) EGGY HOLINGA KATONA LAKE COUNTY			34d LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

DECEDENT

RENTS

FORMANT

POSITION

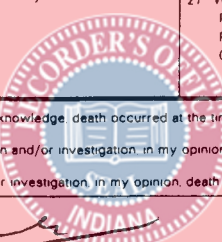
USE OF ATH

Unit # 18
Key # 28-263-23
Fairmeadow 9th Add
lot 23 Block 2

CERTIFIER

ALTH ICER

NOT CONFIDENTIAL
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FILED

MAR - 7 2008
EGGY HOLINGA KATONA
LAKE COUNTY

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