INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2103	-08	L	15-D3-	67 Tse	220-1	911	* 000	02	
Decedent's Legal Name (First, Middle, Last)     DOROTHY M. MASHURA		1a. Maiden Last Nam BRZYCKI	·	/2 Sex	R R 6:35R		4. Date Of Death (Mc AUGUST 20,		
Social Security Number   6a. Age Yrs   6b.	Under 1 Year   6c Under 1 Mo			Of Birth (Month/Da					
314-26-7065 80 Mont		063914		FMBER 25 1		8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA			
9. Ever In U.S. Armed Forces? 10. If Death Occu									
Yes No Unknown 🔲 🗎 Inpatient 🗆	Emergency Department Outpatient	Dead On Arrival	Term Care Facility 🔲 Other (Sp	MICHAEL Decity) DECI	ORDER	14-1		ung runiurcung	
11. Facility Name (If Not Institution, Give Street And Num	•			NEU	UNDEN	10			
HAMMOND-WHITING CARE CENTER,	1000-114TH STREET					0			
12. City Or Town, State, And Zip Code		1			Maked Status At Time Of Death				
HAMMOND, INDIANA 46394 (WHITING P.O.)  15. Surviving Spouse's Name  15. (If Wife\Give N						Married But Separated Divorced Widowed Never Married Unknown			
NONE		15a. (If Wife)Give Maiden Li			17. Kind Of Business/ OWN HOME	ndustry			
18. Residence - State	18a. County		18b. City Or Town	11011121117		رن			
INDIANA	LAKE		WHITING			ق			
18c. Street And Number				18d.	Apt. No.	18e. Zip C	ode   18f. fr	iside City Limits?	
1841 NEW YORK AVENUE					•	46394	i	□ No	
19. Decedent's Education 20. Decedent Of Hispanic Origin			21. Decedent's Race					4	
High school graduate or GED complete	sh/Hispanic/Latino	no White							
22. Father's Name (First, Middle, Last)			23. Mother's Name (First, Middle, Last)			23a. Mother's Marden Last Name			
JOHN BRZYCKI  24. Informant's Name   24a. Relationship to Decedent			AGNES BRZYCKI  24b. Mailing Address (Street And Number, City, State, Zip Code)			PAVLOSKI			
MS. CINDY JOHNSON	DAUGHTE	. 1 .	2031 LAKE AVENUE,			<u>2</u> n08	<u> </u>		
	/.		Of Disposition.	\		8			
25a. Method Of Disposition. ☐ Burial ☑ Cremation ☐ Donation ☐ Enfombment ☐ Removal From State	25b. Place Of Disposition (Name	Of Cemetery, Crematory, Of	ther Place) 25c. Loc	ation - City, Town, A	1,11,175		Till	<del></del>	
Other (Specify):	HERITAGE CREMATO		PORTA	AGE, INDIANA	0		327		
1	d Complete Address Of Funeral Fe		IG INDIANA 46304	L.	3.	300	27a, Funeral Home Lie	ense Number.	
27b Storeton Cliffon Finant Carin Livery									
EDEGLOSE MITTER (OF LEGISSE)									
Cause Of Death (See Instructions And Examples)									
28. Part I. Enter The Chain Of Events—Disease: Such As Cardiac Arrest, Respiratory Arrest, Or Vo	s Injuries Or Complications	That Directly Caused T	he Dooth De Not Enter To	eminal Counts	n			proximate erval: Onset	
A Line. Add Additional Lines if Necessary.		Pes	peratory	Ava	26			Death	
Immediate Cause (Final Disease Or Condition Resulting In Death  A Due to (Or As A Corresponde Of):									
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated									
The Events Resulting In Death) Last	C		Due To (Or /	As A Consequence Of):	0		·		
Part II. Enter Other Significant Conditions Contributing To D	D. Death But Not Resulting in The Und	edvino Cause Given in Part I		An Autopsy Performe					
Coronery Artery	Disease	Huperten			Allable to Complete	No The Cause O	Death? Yes	5∕1 No	
31. Did Tobacco Use Contribute To Death?	32 If Female:	11111	RS	, 33. 1	Manner Of Death;			K3 140	
☐ Yes ☐ Probably ☐ No Cinknown	Not Pregnant Within 1997 Per Pregnant 3 D	recount At Time O Death	Pregnant, But Pregnant Within 42 Days own If Pregnant Within The Past Year			zkleri 🗀 Pen	JA DECEMBE	Name of the	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place C	of Injury (E.G., Decadent's Home,	, Construction Site	Restaurant, Wooded /	(rea)	37. Injury At Wo	AND THE	
38. Location Of Injury - State		2 4000		List	E COUNTY IN H	t diali lat.	Yes C	j No	
or Escapon of Injury - State	38a. City Or Town	A 1 1 Conquest	& Number		38	Apt. No.	38d. Zip Code		
39 Describe How Injury Occurred		Wn Wn	ANA JULE		<u> </u>	<u> </u>	2008		
	PEGGY	OLINGA KAT	TOR	/ 11	If Transportation	- • •	•		
41. Signature, Of Person Certifying Cause Of Death:	CALLANE Y	TOWN TO AUDI		42. Certifier (Checi					
43. Name, Address And Zip Code Of Person Certifyir	on Cause Of Dooth:	- 0 7			sician Coroner C	Health Offic			
KANTILAEN PATELS PM.DQ., 525. W. CHICAGO, EAST CHICAGO, IN 0/043474 AUG.25,520080									
46. Additional Funeral Service Provider:					47. *Akas:	1//	NOU L Z	2000	
48. Signature of Local Health Officer:			9. For Registrar Only - Date F	1				c5	
	But no	,   '	S. For Registrar Only - Date Fi	иец (миоппп/Day/Yea 	): 	\ <b>Q</b> '		11-	

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