

REGISTRATION DISTRICT NO. 16-10
LOCAL FILE NUMBER 609601

STATE OF ILLINOIS
CERTIFICATE OF DEATH

STATE FILE NUMBER

2008 06

Illinois Department of Public Health - Division of Vital Records
VR2000 (Rev. 1/08)

1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) <i>Helen Arlene Mihelic</i>		2. SEX <i>Female</i>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <i>July 15 - 2008</i>					
4. COUNTY OF DEATH <i>Cook</i>	5a. AGE AT LAST BIRTHDAY (Years) <i>61</i>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) <i>September 15, 1946</i>				
7a. CITY OR TOWN <i>Chicago</i>		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) <i>Northwestern Memorial Hospital</i>						
7c. PLACE OF DEATH (Check only one: see instructions)								
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____						
8. BIRTHPLACE (City and State or Foreign Country) <i>East Chicago, IN</i>	9. SOCIAL SECURITY NUMBER <i>312-50-3129</i>	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to last marriage) <i>Robert Mihelic, Sr.</i>	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
13a. RESIDENCE (Street and Number) <i>2149 Deer Run</i>		13b. APT. NO.	13c. CITY OR TOWN <i>Schererville</i>	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
13e. COUNTY <i>Lake</i>	13f. STATE <i>IN</i>	13g. ZIP CODE <i>46375</i>	14. FATHER'S NAME (First, Middle, Last) <i>Walter Maciejewski</i>					
15. MOTHER'S NAME (Prior to first marriage) (First, Middle, Last) <i>Mary Jessie Wooden</i>		16a. INFORMANT'S NAME <i>Aurora Lambert</i>		16b. RELATIONSHIP <i>Medical Records</i>	16c. MAILING ADDRESS (Street and No., City, State, ZIP Code) <i>251 E. Huron Chicago IL 60611</i>			
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <i>Chapel Lawn Memorial Gardens Schererville, IN</i>		19. LOCATION - CITY, TOWN AND STATE <i>Schererville, IN</i>		20. DATE OF DISPOSITION (Month/Day/Year) <i>July 21, 2008</i>		
21a. FUNERAL HOME NAME <i>Chapel Lawn Funeral Home</i>		STREET AND NUMBER <i>8178 Cline Avenue Schererville Indiana 46375</i>		CITY OR TOWN <i>Schererville</i>		STATE <i>Indiana</i>	ZIP <i>46375</i>	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <i>034-10521</i>		22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>			23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <i>JUL 17 2008</i>	
24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <i>Liver Failure</i>								
Due to (or as a consequence 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								
b. <i>Respiratory Failure, Renal Failure</i>								
Due to (or as a consequence of):								
c. <i>Bacteremia</i>								
Due to (or as a consequence of):								
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.								
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No								
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation		30. DATE OF INJURY (Month/Day/Year)		
31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No				
34. LOCATION OF INJURY Street and Number <i>Apartment Number</i> <i>PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</i>							State <i>IN</i>	ZIP Code <i>46375</i>
35. DESCRIBE HOW INJURY OCCURRED:							36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	
37. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <i>July 15, 2008</i>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) <i>July 15, 2008</i>		40. TIME OF DEATH <i>11:34 A.M.</i> <input type="checkbox"/> P.M.		
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/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 stated.							<i>013788</i>	
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <i>Melissa Pilewska MD, 251 E. Huron, Chicago, IL 60611</i>							43. PHYSICIAN'S LICENSE NUMBER <i>125-053237</i>	
44. TITLE OF CERTIFIER <i>MD</i>		45. DATE CERTIFIED (Month/Day/Year)		46. SIGNATURE OF CERTIFIER <i>[Signature]</i>				
47. DECEDENT'S EDUCATION - Check the box that best describes the decedent's education.								
48. DECEDENT OF HISPANIC ORIGIN? - Check the box that best describes the decedent's origin.								
49. DECEDENT'S RACE - Check one or more boxes to indicate what the decedent's race is.								

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN EMBOSSED SEAL IS APPLIED OVER REGISTRAR'S SIGNATURE.

TERRY MASON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, HAS REVIEWED THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY WRITE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBEYANCE OF SAID LAWS AND ORDINANCES.

JUL 17 2008

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE