

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0884-96

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

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1. DECEASED—NAME (First, Middle, Last) MABEL SZALLER		2. SEX Female	3a. TIME OF DEATH 4:15 P M	3b. DATE OF DEATH (Month, Day, Yr) April 27, 1996
4. *SOCIAL SECURITY NUMBER 382-12-1313	5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Aug. 17, 1921
7. BIRTHPLACE (City and State or Foreign Country) North Branch, Michigan	8a. WAS DECEDENT A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA 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) 135 Kennedy Avenue		9c. CITY, TOWN, OR LOCATION OF DEATH Scherverville	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Joseph Szaller	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Production Line		12b. KIND OF BUSINESS/INDUSTRY Book Binding
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Scherverville	13d. STREET AND NUMBER 135 Kennedy Avenue	
13e. ZIP CODE 46375	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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 highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Charles Chase		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Minnie Unavailable		20. INFORMANT'S NAME (Type/Print) Joseph Szaller		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 135 Kennedy Ave., Scherverville, IN 46375		20c. Relationship Husband		
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) April 30, 1996 Calumet Park Cemetery		21c. LOCATION—City or Town, State Marrillville, 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 GENERAL FUNERAL HOME Anthony & Dziadosz, H. H. 02916 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>Metastatic Cancer of the Colon</i> DUE TO (OR AS A CONSEQUENCE OF):		
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF):		
		c. DUE TO (OR AS A CONSEQUENCE OF):		
		d. DUE TO (OR AS A CONSEQUENCE OF):		
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>Solman Gailani</i>			29c. MEDICAL LICENSE NO. 27970	29d. DATE SIGNED (Month, Day, Year) April 29, 1996
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) S.D. Gailani, M.D. 9116 Columbia Ave., Munster, IN 46321				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>				32. DATE FILED (Month, Day, Year) April 30, 1996
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)	34b. TIME OF INJURY	34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34d. DESCRIBE HOW INJURY OCCURRED FILED 015828		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) SEP 23 2008 PEGGY HOLING, KATONA LAKE COUNTY AUDITOR		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1100 CASH P83		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) (Specify driver, passenger, pedestrian, etc.)				

W 590ft of S 66ft of N 132ft of 1319.54 X 330 X 1319.68 X 330ft
 N 1/4 SE 1/4 S 1/4 T. 35 R. 9 Q. 0. 894 AC
 H 5-11-04-201-004.000 OF - 036



2008 SEP 23 AM 10:33
 MICHAEL A. BROWN
 REORDER
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD