# INDIANA STATE DEPARTMENT OF HEALTH
# CERTIFICATE OF DEATH

Local No. 1915-09 Parcel # 45-07-16-208-012.000-023 State No.

| 1. Decedent's Legal Name (First, Middle, Last) | 1a. Maiden Last Name (If Female) | 2. Sex | 3. Time Of Death | 4. Date Of Death (Month/Day/Year) |
|---|---|---|---|---|
| KIMBERLY A. BILYAK | NOWACKI | FEMALE | 1:41 A.M. | MARCH 19, 2009 |

| 5. Social Security Number | 6a. Age – Yrs | 6b. Under 1 Year: Months | 6c. Under 1 Month: Days | 6d. Under 1 Day: Hours | 6e. Under 1 Hour: Minutes | 7. Date Of Birth (Month/Day/Year) | 8. Birthplace (City And State Or Foreign Country) |
|---|---|---|---|---|---|---|---|
| 312-84-0453 | 42 | | | | | SEPTEMBER 5, 1966 | HAMMOND, INDIANA |

| 9. Ever In U.S. Armed Forces? | 10. If Death Occurred In A Hospital: | 10a. If Death Occurred Somewhere Other Than A Hospital: |
|---|---|---|
| ☐ Yes ☒ No ☐ Unknown | ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival | ☒ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify) |

11. Facility Name (If Not Institution. Give Street And Number)
ST. MARGARET MERCY

| 12. City Or Town, State, And Zip Code | 13. County Of Death | 14. Marital Status At Time Of Death |
|---|---|---|
| HAMMOND, INDIANA 46324 | LAKE | ☒ Married ☐ Married But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown |

| 15. Surviving Spouse's Name | 15a. (If Wife) Give Maiden Last Name | 16. Decedent's Usual Occupation | 17. Kind Of Business/Industry |
|---|---|---|---|
| THEODORE M. BILYAK, JR. | | LEGAL SECRETARY | LAW |

| 18. Residence – State | 18a. County | 18b. City Or Town | 18c. Street And Number | 18d. Apt. No. | 18e. Zip Code | 18f. Inside City Limits? |
|---|---|---|---|---|---|---|
| INDIANA | LAKE | HAMMOND | 7416 CALIFORNIA AVENUE | | 46323 | ☒ Yes ☐ No |

| 19. Decedent's Education | 20. Decedent Of Hispanic Origin | 21. Decedent's Race |
|---|---|---|
| HIGH SCHOOL GRADUATE | NO | WHITE |

| 22. Father's Name (First, Middle, Last) | 23. Mother's Name (First, Middle, Last) | 23a. Mother's Maiden Last Name |
|---|---|---|
| EDWARD NOWACKI | THERESE NOWACKI | KLEKOT |

| 24. Informant's Name | 24a. Relationship To Decedent | 24b. Mailing Address (Street And Number, City, State, Zip Code) |
|---|---|---|
| THEODORE M. BILYAK, JR. | HUSBAND | 7416 CALIFORNIA AVENUE, HAMMOND, INDIANA 46323 |

| 25a. Method Of Disposition | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) | 25c. Location – City, Town, And State |
|---|---|---|
| ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify) | SOLAN-PRUZIN FUNERAL HOME & CREMATORY | SCHERERVILLE, INDIANA |

| 26. Was Coroner Contacted? | 27. Name And Complete Address Of Funeral Facility | 27a. Funeral Home License Number: |
|---|---|---|
| ☒ Yes ☐ No | SOLAN-PRUZIN FUNERAL HOME & CREMATORY 14 KENNEDY AVENUE, SCHERERVILLE, INDIANA 46375 | FH10200037 |

27b. Signature Of Indiana Funeral Service Licensee:

27c. License Number (Of Licensee): 8800057

**Cause Of Death (See Instructions And Examples)**

28. 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 The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death) — A. VASCULAR COLLAPSE — UNKNOWN

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. DUE TO ARTERIOSCLEROTIC HEART AND VASCULAR DISEASE

Due To (Or As A Consequence Of):

C.

Due To (Or As A Consequence Of):

D.

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

| 31. Did Tobacco Use Contribute To Death? | 32. If Female: | 33. Manner Of Death: |
|---|---|---|
| ☐ Yes ☐ Probably ☐ No ☒ Unknown | ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year | ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined |

| 34. Date Of Injury (Month/Day/Year) | 35. Time Of Injury | 36. Place Of Injury (E.g., Decedent's Home, Construction Site, Restaurant, Wooded Area) | 37. Injury At Work? |
|---|---|---|---|
| | | | ☐ Yes ☐ No |

| 38. Location Of Injury - State | 38a. City Or Town | 38b. Street & Number | 38c. Apt. No. | 38d. Zip Code |
|---|---|---|---|---|
| | | | | |

39. Describe How Injury Occurred

40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature Of Person Certifying Cause Of Death:

42. Certifier (Check Only One): ☐ Certifying Physician ☒ Coroner ☐ Health Officer

| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death | 44. License Number | 45. Date Certified |
|---|---|---|
| JEFFREY R. WELLS, CHIEF DEPUTY, 2900 WEST 93RD AVENUE, CROWN POINT, INDIANA 46307 | N/A | MARCH 25, 2009 |

| 46. Additional Funeral Service Provider: | 47. *Akas: |
|---|---|
| | |

48. Signature of Local Health Officer: Susan W Bart D.O.

49. For Registrar Only – Date Filed (Month/Day/Year): March 25, 2009

11/09 CPBH PB

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3 7-1-10