



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 576-09

State No.

1. Decedent's Legal Name (First, Middle, Last) MARIE E. CHIRBY				1a. Maiden Last Name (If Female) JAJCHIK		2. Sex FEMALE	3. Time Of Death 7:02 AM	4. Date Of Death (Month/Day/Year) MARCH 3, 2009
5. Social Security Number 313-01-7558	6a. Age - Yrs 100	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) MAY 25, 1908		8. Birthplace (City And State Or Foreign Country) WHITING, IN
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) 7528 OAKDALE AVENUE								
12. City Or Town, State, And Zip Code HAMMOND, INDIANA 46324				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name NONE		15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation HOME MAKER		17. Nature Of Business/Industry OWN HOME		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND				
18c. Street And Number 7528 OAKDALE AVENUE				18d. Apt. No.		18e. Zip Code 46324		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education 10		20. Decedent Of Hispanic Origin NO		21. Decedent's Race WHITE				
22. Father's Name (First, Middle, Last) STEPHEN JAJCHIK			23. Mother's Name (First, Middle, Last) ANNA JAJCHIK			23a. Mother's Maiden Last Name BODNAR		
24. Informant's Name RITA M. GETTS		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 7409 HARRISON AVE., HAMMOND, IN 46324				
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) MARCH 7, 2009 CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, INDIANA 46410				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LaHAYNE FUNERAL HOME, INC. 6955 SOUTHEASTERN AVENUE HAMMOND, INDIANA 46324				27a. Funeral Home License Number: FH19400005		
27b. Signature Of Indiana Funeral Service Licensee <i>Debra B. Schaefer</i>		27c. License Number Of Licensee FD01000857		27d. Date MAR 17 2:16 PM 2009				
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. cardio-respiratory arrest 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. Rheumatoid arthritis C. Valvular heart disease D. Hypertensive and renal disease								
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input checked="" type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street No.		38c. Zip Code		
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death <i>Mary Tilak</i>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MARY TILAK, MD, 2241 45th STREET, HIGHLAND IN 46322				44. License Number 01054662A		45. Date Certified MARCH 4, 2009		
46. Additional Funeral Service Provider: 009000				47. *Akas:				
48. Signature of Local Health Officer: <i>Susan J. Best D.O.</i>				49. For Registrar Only - Date Filed (Month/Day/Year) March 5, 2009				



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