



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 20091910  
378-05

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>Theresa F. Strezo</b>				1a. Maiden Last Name (If Female) <b>Strezo</b>		2. Sex <b>Female</b>	3. Time Of Death <b>9:45 am</b>	4. Date Of Death (Month/Day/Year) <b>February 10, 2009</b>					
5. Social Security Number <del>XXXXXXXXXX</del>		6a. Age - Yrs <b>79</b>		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) <b>Dec. 6, 1929</b>	8. Birthplace (City And State Or Foreign Country) <b>East Chicago, Indiana</b>	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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 checked="" type="checkbox"/> Hospice Facility <input 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) <b>Spring Mills Health Center</b>													
12. City Or Town, State, And Zip Code <b>Merrillville, Indiana 46410</b>					13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown					
15. Surviving Spouse's Name <b>N/A</b>			15a. (If Wife) Give Maiden Last Name <b>-</b>			16. Decedent's Usual Occupation <b>Tin Inspector</b>		17. Kind Of Business/Industry <b>Midwest Steel Co.</b>					
18. Residence - State <b>Indiana</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Highland</b>			18c. Street And Number <b>3921 Juniper Trail</b>	18d. Apt. No. <b>-</b>	18e. Zip Code <b>46322</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>High School - 12</b>			20. Decedent Of Hispanic Origin <b>No</b>			21. Decedent's Race <b>White</b>							
22. Father's Name (First, Middle, Last) <b>Frank Strezo</b>				23. Mother's Name (First, Middle, Last) <b>Frances Strezo</b>				23a. Mother's Maiden Last Name <b>Chapla</b>					
24. Informant's Name <b>Carol A. Prewitt</b>			24a. Relationship To Decedent <b>Niece</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>707 Forest Avenue, Griffith, Indiana 46319</b>								
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>February 13, 2009</b> <b>St. Joseph Cemetery</b>			25c. Location - City, Town, And State <b>Hammond, Indiana 46324</b>							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>FIFE FUNERAL HOME, INC.</b> <b>4201 Indianapolis Blvd., East Chicago, Indiana 46312</b>					27a. Funeral Home License Number: <b>PH83001512</b>						
27b. Signature Of Indiana Funeral Service Licensee: <i>John P. Zyle</i>					27c. License Number (Of Licensee): <b>FD01020366</b>								
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. <b>Malignant neoplasm of brain</b> Due To (Or As A Consequence Of): B. <b>Cerebrovascular accident</b> Due To (Or As A Consequence Of): C. <b>Seizure stroke</b> 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										Approximate Interval: Onset To Death			
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 checked="" 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 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) <b>APR 29 2009</b>			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
38. Location Of Injury - State <b>Indiana</b>			38b. Street & Number			38c. Apt. No.	38d. Zip Code <b>46312</b>						
39. Describe How Injury Occurred <b>PEGGY HOLINGA KATONA</b> <b>LAKE COUNTY AUDITOR</b>						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>CT</b>							
41. Signature, Of Person Certifying Cause Of Death: <i>S. Shah</i>					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer <b>003205</b>								
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Dr. S. Shah - 5825 Broadway, Merrillville, Indiana 46410</b>					44. License Number <b>V01032180</b>		45. Date Certified <b>Feb. 11, 2009</b>						
46. Additional Funeral Service Provider:					47. *Akas:								
48. Signature of Local Health Officer: <b>Susan J Best, D.O.</b>					49. For Registrar Only - Date Filed (Month/Day/Year): <b>February 12, 2009</b>								

CHICAGO TITLE INSURANCE COMPANY

