

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

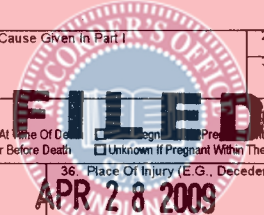
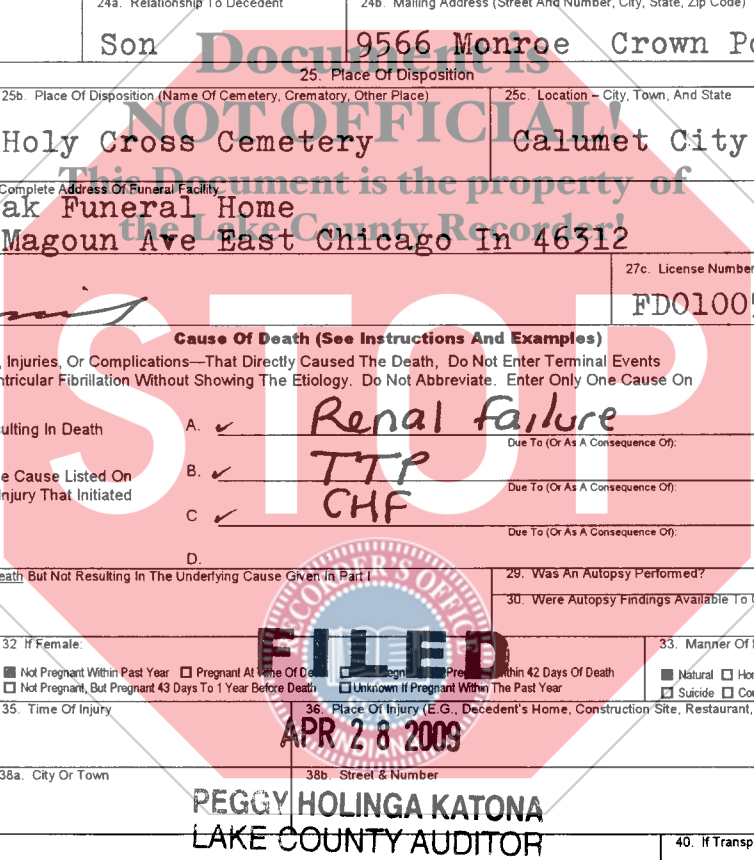


Local No. 0305-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) Wanda Muszynski				1a. Maiden Last Name (If Female) Gajda		2. Sex Female		3. Time Of Death 11:34pm		4. Date Of Death (Month/Day/Year) June 15 2008		
5. Social Security Number 314160803		6a. Age - Yrs 86		6b. Under 1 Year Months 2009		6c. Under 1 Month Days 028		6d. Under 1 Day Hours 12		6e. Under 1 Hour Minutes 20		
7. Date Of Birth (Month/Day/Year) Nov 12 1921				8. Birthplace (City And State Or Foreign Country) Michigan City In								
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 <input type="checkbox"/> 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 <input type="checkbox"/> Long-Term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street And Number) St Anthony Hospice												
12. City Or Town, State, And Zip Code Crown Point Indiana 46307						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 N/A				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Bookkeeper			17. Kind Of Business/Industry Construction			
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Crown Point			18d. Apt. No.		18e. Zip Code 46307	
18c. Street And Number 9534 Monroe			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19. Decedent's Education 14			20. Decedent Of Hispanic Origin No		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) John Gajda				23. Mother's Name (First, Middle, Last) Stella Gajda				23a. Mother's Maiden Last Name Trojanowski				
24. Informant's Name Thomas Masin			24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 9566 Monroe Crown Point In 46307							
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) Holy Cross Cemetery			25c. Location - City, Town, And State Calumet City IL						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Lesniak Funeral Home 4918 Magoun Ave East Chicago In 46312						27a. Funeral Home License Number FH83001601				
27b. Signature Of Indiana Funeral Service Licensee <i>John B. Lesniak</i>						27c. License Number (Of Licensee): FD01005491						
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. <input checked="" type="checkbox"/> Renal failure Due To (Or As A Consequence Of):										2 weeks		
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. <input checked="" type="checkbox"/> TTP Due To (Or As A Consequence Of):										2 1/2 weeks		
C. <input checked="" type="checkbox"/> CHF Due To (Or As A Consequence Of):										2 1/2 weeks		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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"/> 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 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) APR 28 2009				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number REGGY HOLINGA KATONA LAKE COUNTY AUDITOR				38c. Apt. No.		38d. Zip Code tu		
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) 11 MS						
41. Signature, Of Person Certifying Cause Of Death: <i>K. Teodori D.O.</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: K. Teodori DO 2050 N Main St Crown Point In 46307						44. License Number 02002441A		45. Date Certified 6-17-08				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) 003171 <i>June 17, 2008</i>						

TICOR HC 929-2875 45-12-35-257-C-35-000-C-39



**REGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**