COMMUNITY TITLE COMPANY
FILE NO L41942

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1134-09 STATE OF INDIANA State No.

LAKE COUNTY FILED FOR RECORD
2009 AUG 12 AM 10 10
MICHAEL A. BROWN RECORDER

2009 055612

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)
LEONA MARIE MCGUAN	PRESSNER	F	7:25 AM	MARCH 4, 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)
304-12-1857	92					MARCH 12, 1916	CHICAGO, 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 HOSPITAL-SOUTH CAMPUS

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
DYER, INDIANA 46311	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
NA	NA	STORE OWNER	RETAIL

18. Residence – State	18a. County	18b. City Or Town
INDIANA	LAKE	CROWN POINT

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
1513 AUTUMN DRIVE	NA	46307	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
High school graduate or GED completed	No, not Spanish/Hispanic/Latino	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
LEON PRESSNER	VICTORIA PRESSNER	MITAN

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
DON POZYWIO	SON	10704 MARTINIQUE LANE, CROWN POINT, INDIANA 46307

25. Place Of Disposition

25a. Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location – City, Town, And State
	HOLY CROSS CEMETERY	CALUMET CITY, ILLINOIS

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	CHAPEL LAWN FUNERAL HOME, 8178 S. CLINE AVE., SCHERERVILLE, INDIANA 46375	FH19900051

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee)
	FD20500007

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. Cardio pulmonary Arrest	Aweek
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	Due To (Or As A Consequence Of): B. Sepsis	
	Due To (Or As A Consequence Of): C. pneumonia	
	Due To (Or As A Consequence Of): Renal Failure	

FILED
AUG 03 2009
PEGGY HOLINGA KATONA
LAKE COUNTY

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?
NA	NA	NA	☐ Yes ☒ No

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

39 Describe How Injury Occurred NA	40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
	CM

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One) ☒ Certifying Physician ☐ Coroner ☐ Health Officer
	11-

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
SHAHEEN PARVEZ, M.D. 800 MacArthur Blvd. Munster, In	010397261A	3-7-09

46. Additional Funeral Service Provider: NA	47. *Akas: NA
	003649

48. Signature of Local Health Officer:	49. For Registrar Only – Date Filed (Month/Day/Year):
Susan J Burt D.O.	March 9, 2009

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 16-37-1-10