



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
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
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?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital:
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
15. Surviving Spouse's Name NONE
15a. (If Wife) Give Maiden Last Name N/A
16. Decedent's Usual Occupation HOME MAKER
17. Kind Of Business/Industry OW 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?
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
25. Place Of Disposition
25a. Method Of Disposition
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?
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:
27c. License Number (or Licensee): FDO10008
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
B. Rheumatoid arthritis
C. Valvular heart disease
D. Hypertensive and renal disease
29. Was An Autopsy Performed?
30. Were Autopsy Findings Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death:
42. Certifier (Check Only One)
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:
47. \*Akas:
48. Signature of Local Health Officer:
49. For Registrar Only - Date Filed (Month/Day/Year) March 5, 2009

This Document is the Official Record of the Lake County Recorder

RECORDER'S OFFICE
LAKE COUNTY, INDIANA
FOR RECORD
SEP - 3 AM 11:51
CHAT A. BROWN

FILED
SEP 03 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

11.00 CS ep