

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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2654-04

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) LUCILLE A. MAIDA				2. SEX FEMALE		3a. TIME OF DEATH 8:00 A M		3b. DATE OF DEATH (Month, Day, Yr.) OCTOBER 30, 2004			
4. *SOCIAL SECURITY NUMBER 314-26-8762		5a. AGE—Last Birthday (Years) 74		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) NOVEMBER 24, 1929		7. BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, INDIANA	
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 3106 EDER STREET				9c. CITY, TOWN, OR LOCATION OF DEATH HIGHLAND				9d. COUNTY OF DEATH LAKE			
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) RAYMOND MAIDA		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOME MAKER				12b. KIND OF BUSINESS/INDUSTRY OWN HOME			
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION HIGHLAND				13d. STREET AND NUMBER 3106 EDER STREET			
13e. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12	
18. FATHER'S NAME (First, Middle, Last) STANLEY SACZAWA						19. MOTHER'S NAME (First, Middle, Maiden Surname) STEFANIE MARCINEK					
20a. INFORMANT'S NAME (Type/Print) RAYMOND MAIDA				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3106 EDER ST., HIGHLAND, INDIANA 46322				20c. Relationship HUSBAND			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) NOVEMBER 2, 2004 SOLAN-PRUZIN CREMATORY				21c. LOCATION—City or Town, State SCHERERVILLE, INDIANA			
22a. EMBALMER'S NAME DEAN G. WAGNER				22b. EMBALMER'S LICENSE NO. 8800057				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				24b. LICENSE NUMBER (of Licensee) 1007231		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME SOLAN-PRUZIN FUNERAL HOME FH10200037 14 KENNEDY AVE., SCHERERVILLE, IN. 46371					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Ischemic heart disease DUE TO (OR AS A CONSEQUENCE OF): b. Metastatic Breast Cancer DUE TO (OR AS A CONSEQUENCE OF): c. Insulin Requiring Diabetes Mellitus DUE TO (OR AS A CONSEQUENCE OF): d. Atrial Fibrillation										Approximate Interval Between Onset and Death 3607	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) no		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) n/a	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.											
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> FILED						29c. MEDICAL LICENSE NO. IN 01053664A		29d. DATE SIGNED (Month, Day, Year) NOVEMBER 2, 2004			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) UDAY KATHAIYAN, M.D. 110 RIDGE SEPT. 7, 2004 CENTER, INDIANA 46321											
31. HEALTH OFFICER'S SIGNATURE PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR								32. DATE FILED (Month, Day, Year) November 3, 2004			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide				34a. DATE OF INJURY (Month, Day, Year) NOVEMBER 2, 2004		34b. TIME OF INJURY (Hour, Minute) NOVEMBER 2, 2004		34c. INJURY AT WORK? (Yes or no) NO		34d. DESCRIBE HOW INJURY OCCURRED \$11	
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) CS						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) CS					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 015634 CV							