## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No	BT900370			State No			
1. Decedent's Legal Name (First, Middle, Last)  1a. Maiden Last N  ANYTHO TAXABITITY OF CALCAL TR			1				
ANTOINETTE T. CIGLER  5. Social Security Number   6a Age - Yrs   6b Under 1 Yea	r 6c. Under 1 Month	BIESZ(		FEMALE Sate Of Birth (Month/Day/Ye		JUNE 15, 2009 ity And State Or Foreign Country)	
<b>COORDER</b> 5210 86 Months	Days	Hours			22 EAST C	HICAGO, INDIANA	
9. Ever in U.S. Armed Forces? 10. If Death Occurred in A i	·	lead On Arrival	10a. If Death Occurred Somewho		/Long-Term Care Facility	Other (Specify)	
☐ Yes							
3847 HENRY AVENUE  12. City Or Town, State, And Zip Code  13. Counly Of Death  14. Marital Status At Time Of Death							
HAMMOND, INDIANA 46327				LAKE			
15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Last Name				16. Decedent's Usual Occupation   17. Kind Of Business/Industry   18.   19.			
NONE N/A			SEAMSTRESS CLOTHING				
18. Residence - State	18a. County			18b City Or Town			
INDIANA LAKE  18c. Street And Number			. HAMMOND  18d. Apt. No. 18e. Zip Code 18f. Inside City Limits?				
3847 HENRY AVENUE		-	- 463	X Yes □ Ho			
19. Decedent's Education 20. Decedent Of Hispanic Origin			21. Decedent's			0	
12 YEARS NO 22 Father's Name (First, Middle, Last) 23. Mother's Name (First, Middle, Last)				WHITE  's Name (First, Middle, Last)  23a. Mother's Maiden Last Name			
ANTHONY BIESZCZAT			JOSEPHINE BIESZCZAT OFRSKI				
24. Informant's Name 24a. Relationship To Decedent  CYNTHIA M. MELTON DAUGHTER			24b. Mailing Address (Street and Number, City, State, Zip Code)  885 N.W. 123 DRIVE, CORAL SPRINGS FLORIDA 33071				
25. Place Of Disposition  25a. Method Of Disposition  25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)  25e. Location — City, Town, And State							
□ Burial  Cremation □ Donation □ Entombment □ Removal From State □ COMMUNITY CREMATION SERVICE SCHERERVILLE, INDIANA							
Other (Specify)  26. Was Coroner Contacted?  27. Name And Complete Address Of Funeral Facility  4404 CAMERON AVENUE  27a. Funeral Home License Number:							
MYes DNO ANTHONY & DZIADOWICZ FUNERAL HOME HAMMOND, INDIANA 46327 83002835							
27b. Signature Of Indiana Funeral Service Licensee:  Kuth J Auth the Lake County Recorder 01011911							
Cause Of Death (See Instructions And Examples)  Representations—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events  Approximate							
Such As Cardiac Arrest, Respiratory Arrest, Or Ventricul A Line. Add Additional Lines If Necessary.	ar Fibrillation Without Sho	wing The Etiology	y. Do Not Abbreviate. Enter C	Only One Cause On	<b>//</b>	Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting	In Death A.	END	STAGE COL	AS Consequence Off:	MEANT		
Sequentially List Conditions, If Any, Leading To The Cause Listed On  B.   THURE CONDANY  Due To (Or As A Consequence Off)							
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last						<u> ့ ္ခ်င္သန္ Mo</u>	
Part II. Enter Other Significant Conditions Contributing To Death Bu	D. It Not Resulting In The Underly	ing Cause Given In F	Part I 29. Was	An Autopas Religionales	THE ABOVE IS	RUE AND COMPLETE  WITH THE INO	
		TITI	30. Wer	LAKE COUNTY H	EALTH DEPARTMEN	IT No No	
V	emale:	pant At Time Of Death	☐ Hol Pregnant, But Pregnant Within 42 Da	1	er Of Death:	Pending Investigation	
a les a Plocadi, a le Commont	Pregnant, But Pregnant 43 Days To 1 The Of Injury	Year Before Death L	☐ Hol Pregnant, But Pregnant Within 42 Da ☐ Unknown If Pregnant Within The Past Yea ace Of Injury (E.G., Decedent's Hom	r ☐ Suicide ne, Obnstruction Site, Resta	□ dduid Nol Be lictor ined urant Wodded Ares	37. Injury At Work?	
						☐ Yes ☐ No	
38 Location Of Injury - State 38a. C	ity Or Town	38b. S	Street & Number	ED	38c. Apt. N	do. 386. Zip Code	
39 Describe How Injury Occuped			SEP 18	2000 40. 11	ensportation injury, spec	/ !	
PEGGY HOLINGA KATONA Only One)  LAKE COUNTY A DEPTH OF PROCESS OF							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:							
LYLE MUNN MD 1190 N. STATE ROAD 49, CHESTERTON, INDIANA 46304  O/03/582 JUNE 16, 2009  46. Additional Funeral Service Provider:							
48. Signature of Local Health Officer:  49. For Registrar Only – Date Filed (Month/Day/Year).							
48. Signature of Local Health Officer  Solution 1. Sol				012918			

State Form 10110 (R7/9-07) ATTENTION ESTATE. The Social Security 4 is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there