

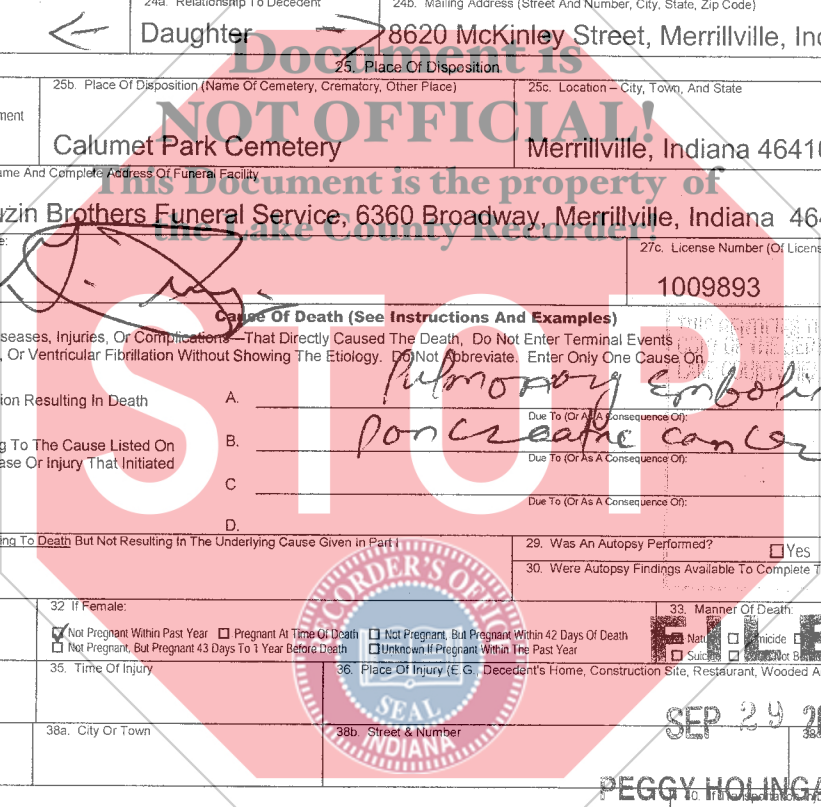


INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Local No. 2264-09

1. Decedent's Legal Name (First, Middle, Last) VERONICA DOBIS
2. Sex Female
3. Time Of Death 12:40 p.m.
Date Of Death (Month/Day/Year) September 11, 2009
5. Social Security Number 317-09-2850
6a. Age - Yrs 89
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date Of Birth (Month/Day/Year) February 4, 1920
8. Birthplace (City And State Or Foreign Country) Gary, Indiana
10. If Death Occurred In A Hospital: Inpatient
11. Facility Name (If Not Institution, Give Street And Number) Methodist Hospital - Southlake
12. City Or Town, State, And Zip Code Merrillville, Indiana, 46410
13. County Of Death Lake
14. Marital Status At Time Of Death Widowed
15. Surviving Spouse's Name N/A
15a. (If Wife) Give Maiden Last Name N/A
16. Decedent's Usual Occupation Homemaker
17. Kind Of Business/Industry Own Home
18. Residence - State Indiana
18a. County Lake
18b. City Or Town Merrillville
18c. Street And Number 8620 McKinley Street
18d. Apt. No.
18e. Zip Code 46410
18f. Inside City Limits? Yes
19. Decedent's Education 8th Grade or less
20. Decedent Of Hispanic Origin No
21. Decedent's Race White
22. Father's Name (First, Middle, Last) John Kordys
23. Mother's Name (First, Middle, Last) Mary Kordys
23a. Mother's Maiden Last Name Zaleski
24. Informant's Name Barbara J. Dobis
24a. Relationship To Decedent Daughter
24b. Mailing Address (Street And Number, City, State, Zip Code) 8620 McKinley Street, Merrillville, Indiana 46410
25a. Method Of Disposition: Burial
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Calumet Park Cemetery
25c. Location - City, Town, And State Merrillville, Indiana 46410
26. Was Coroner Contacted? No
27. Name And Complete Address Of Funeral Facility Pruzin Brothers Funeral Service, 6360 Broadway, Merrillville, Indiana 46410
27a. Funeral Home License Number: FH 83002453
27b. Signature Of Indiana Funeral Service Licensee: [Signature]
27c. License Number (Of Licensee): 1009893
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. Pulmonary embolism
Due To (Or As A Consequence Of): B. Poor cardiac control
Due To (Or As A Consequence Of): C.
Due To (Or As A Consequence Of): 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? No
30. Were Autopsy Findings Available To Complete The Cause Of Death? No
31. Did Tobacco Use Contribute To Death? No
32. If Female: Not Pregnant Within Past Year
33. Manner Of Death: Suicide
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? No
38. Location Of Injury - State
38a. City Or Town
38b. Street And Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
41. Signature, Of Person Certifying Cause Of Death: [Signature]
42. Certifier (Check Only One) Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. Malik, 8560 Broadway, Merrillville, Indiana 46410
44. License Number 01034378A
45. Date Certified 9/14/09
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature Of Local Health Officer: Susan W. Burt, D.O.
49. For Registrar Only - Date Filed (Month/Day/Year): September 17, 2009



FILED
SEP 29 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
016795