

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 820-07

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED-NAME (Mary T. Potaczek), 2. SEX (Female), 3a. TIME OF DEATH (5:30P), 3b. DATE OF DEATH (March 27, 2007), 4. SOCIAL SECURITY NUMBER, 5a. AGE (81), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (May 11, 1925), 7. BIRTHPLACE (Chicago, Illinois), 8a. WAS DECEDENT A U.S. VETERAN?, 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?, 9a. PLACE OF DEATH (Munster Community Hospital), 9b. FACILITY NAME, 9c. CITY, TOWN OR LOCATION OF DEATH (Munster), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Widowed), 11. SURVIVING SPOUSE (None), 12a. DECEDENT'S USUAL OCCUPATION (Teacher), 12b. KIND OF BUSINESS/INDUSTRY (District 149), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN OR LOCATION (Scherverville), 13d. STREET AND NUMBER (2027 Ashbury), 13e. ZIP CODE (46375), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN?, 16. RACE (White), 17. DECEDENT'S EDUCATION (Elementary/Secondary 12, College 4), 18. FATHER'S NAME (George Johnson), 19. MOTHER'S NAME (Loretta Regan), 20a. INFORMANT'S NAME (Christine McFadden), 20b. MAILING ADDRESS (8999 Franklin Dr.; St. John, IN 46373), 20c. Relationship (Daughter), 21a. METHOD OF DISPOSITION (Entombment), 21b. DATE AND PLACE OF DISPOSITION (March 30, 2007, Assumption Cemetery), 21c. LOCATION (Glenwood, Illinois), 22a. EMBALMER'S NAME (James F. Betkowski), 22b. EMBALMER'S LICENSE NO. (FDO9200077), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (FDO9200077), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Elmwood Chapel, 11300 W. 97th, IN 46373), 26. PART I: IMMEDIATE CAUSE (VENTRICULAR FIBRILLATION, INTRACRANIAL HEMORRHAGE, ACUTE RENAL FAILURE, CORONARY ARTERY DISEASE), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Joseph T. Legaspe, Attending Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO. (0105915A), 29d. DATE SIGNED (3/28/07), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (JOSEPH LEGASPE, 9307 CALUMET AVE, ST. JOHN, IN), 31. HEALTH OFFICER'S SIGNATURE, 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. PLACE OF INJURY, 34e. LOCATION, 34f. DATE PRONOUNCED DEAD, 34g. MOTOR VEHICLE ACCIDENT? (No), 34h. SIGNATURE AND TITLE OF HEALTH OFFICER (PEGGY HOLINGA KATONA, LAKE COUNTY AUDITOR).

2

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

929-8489

TICOR SU

45-11-15-426-046-006-036

RECORDER  
MAY 10 AM 9:13  
LAKE COUNTY  
INDIANA

THIS CERTIFICATE ABOVE IS A FILE AND COMPLETE COPY OF THE CERTIFICATE SHOULD BE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT.  
DATE FILED (Month, Day, Year)  
March 29, 2007  
FILED  
DEC 08 2009  
134  
am

021476

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT COPY  
OF THE ORIGINAL DEATH CERTIFICATE OF MARY POTACZEK.

BY: Charlene C. Smith

