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.

COPY

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 268-03 State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Deceased—Name (First, Middle, Last)	Evelyn Cecilia Pluskota
2. Sex	Female
3a. Time of Death	3:20 P.M.
3b. Date of Death (Month, Day, Yr.)	March 21, 2003
4. Social Security Number	
5a. Age—Last Birthday (Years)	70
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth (Mo. Day, Yr)	March 22,1932
7. Birthplace (City and State or Foreign Country)	Chicago, IL
8a. Was Decedent a U.S. Veteran?	No
8b. Year Last Served in U.S. Armed Forces?	Never
9a. Place of Death (Check only one)	Hospital: X Inpatient ☐ ER/Outpatient ☐ DOA; Other: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. Facility Name (If not institution, give street and number)	St. Margaret Mercy South Campus
9c. City, Town, or Location of Death	Dyer
9d. County of Death	Lake
10. Marital Status (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Joseph R. Pluskota
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Homemaker
12b. Kind of Business/Industry	Own Home
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	St. John
13d. Street and Number	11609 Homestead Village Ct.
13e. Zip Code	46373
13f. Inside City Limits	☐ No X Yes
13g. On a Farm?	X No ☐ Yes
14. Citizen of What Country?	USA
15. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	X No ☐ Yes
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+):

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	Maximillan Lichnerowicz
19. Mother's Name (First, Middle, Maiden Surname)	Cecilia Krusczynski

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	Joseph R. Pluskota
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	11609 Homestead Village Ct. St. John, IN 46373
20c. Relationship	Husband

DISPOSITION

Field	Entry
21a. Method of Disposition	☐ Burial X Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place)	March 27, 2003 Heritage Crematory
21c. Location—City or Town, State	Portage, IN
22a. Embalmer's Name	Daniel Holste
22b. Embalmer's License No.	IL 034-014638
23. Was Death Reported to Coroner?	X No ☐ Yes
24a. Signature of Funeral Director	[signature]
24b. License Number (of Licensee)	FD0 1000857
25. Name, Address and License Number of Funeral Home	LaHayne FH19400005 6956 South-eastern Hammond, IN For Schroeder-Lauer FH 3227 Ridge Lansing, IL 60438

CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) a.	Cardiopulmonary Arrest	Seconds
Due to (or as a consequence of) b.	Acute Renal Failure	Days
Due to (or as a consequence of) c.	Diabetes Mellitus	Years
Due to (or as a consequence of) d.	Congestive Heart Failure	Years

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

Field	Entry
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)	No

CERTIFIER

29a. Certifier (Check only one)

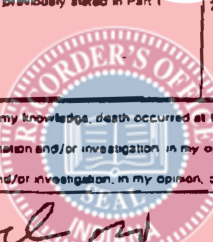
- X CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ 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.

Field	Entry
29b. Signature and Title of Certifier	[signature]
29c. Medical License No.	02 000872 (IN)
29d. Date Signed (Month, Day, Year)	3/24/03
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	John Hoehn, DO 505 Lincoln Highway Schererville, IN 46375

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	Susan W Burt D.O.
32. Date Filed (Month, Day, Year)	March 24, 2003

Field	Entry
33. Manner of Death	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
34a. Date of Injury (Month, Day, Year)	
34b. Time of Injury	
34c. Injury at Work? (Yes or no)	
34d. Describe How Injury Occurred	
34e. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)	
34f. Location (Street and Number or Rural Route Number, City or Town, State)	
34g. Date Pronounced Dead (Month, Day, Year)	
34h. Motor Vehicle Accident? (Yes or no) If yes, specify driver, passenger, pedestrian	



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STOP

RECORDER'S OFFICE SEAL LAKE COUNTY INDIANA

THIS CERTIFIES THE ABOVE IS A TRUE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. MAR 24 2003

2010 002879

2010 JAN 13 AM 2:51

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B. BROWN RECORDER

FILED JAN 13 2010

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

025157

Parcel # 45-15-05-276-037.000-015

SDH 06 004 State Form 10119 (R5/4-96)