



# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 3480-09

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>PATRICIA A. FRONEK</b>				1a. Maiden Last Name (If Female) <b>OTT</b>		2. Sex <b>F</b>		3. Time Of Death <b>8:50 AM</b>		4. Date Of Death (Month/Day/Year) <b>OCTOBER 9, 2009</b>		
5. Social Security Number <b>[REDACTED]</b>		5a. Age Yrs <b>71</b>	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) <b>December 21, 1937</b>		8. Birthplace (City And State Or Foreign Country) <b>EAST CHICAGO, IN</b>			
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street And Number) <b>7100 WEST 140TH AVE</b>												
12. City Or Town, State, And Zip Code <b>CEDAR LAKE, IN 46303</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>FAMILY RESIDENCE</b>		
18. Residence - State <b>IN</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>CEDAR LAKE</b>			18c. Street And Number <b>7100 WEST 140TH AVE</b>		18d. Apt. No.	18e. Zip Code <b>46303</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>9-12th grade, no diploma</b>				20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>				21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>MAX OTT</b>						23. Mother's Name (First, Middle, Last) <b>FRANCES OTT</b>			23a. Mother's Maiden Last Name <b>KOSS</b>			
24. Informant's Name <b>DAVID FRONEK</b>				24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7108 WEST 140TH AVE., CEDAR LAKE, IN 46303</b>						
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>CHAPEL LAWN MEMORIAL GARDENS</b>				25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURDAN FUNERAL HOME 12901 WICKER AVE., CEDAR LAKE, IN 46303</b>						27a. Funeral Home License Number: <b>FH83002461</b>				
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee) <b>FD20700051</b>						
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. <u>Metastatic lung cancer</u> Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Listed In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Domestic Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code <b>\$11</b>				
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) <b>CM</b>						
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Kathryn Muligan 919 Main St. Dyer, IN 46311</b>						44. License Number <b>01052342A</b>		45. Date Certified <b>11/09/09</b>				
46. Additional Funeral Service Provider:						47. *Aka: <b>025687</b>						
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>November 10 2009</b>						

DO NOT WRITE IN THESE SPACES

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MAR 03 2010

PEGGY HOJINGA-KATONA  
LAKE COUNTY CLERK

DATE OF DEATH ON FILE WITH THE  
INDIANA STATE DEPARTMENT OF HEALTH

NOV 10 2009

MICHELE REA  
RECORDER

2010 MAR -8 AM 10:31

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER

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