INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3412-09 State No. ....

Field	Value
1. Decedent's Legal Name (First, Middle, Last)	RICHARD C. FRONEK
1a. Maiden Last Name (If Female)	
2. Sex	M
3. Time Of Death	9:50 PM
4. Date Of Death (Month/Day/Year)	SEPTEMBER 29, 2009
5. Social Security Number	[redacted]
6a. Age Yrs	67
6b. Under 1 Year	Months
6c. Under 1 Month	Days
6d. Under 1 Day	Hours
6e. Under 1 Hour	Minutes
7. Date Of Birth (Month/Day/Year)	December 21, 1941
8. Birthplace (City And State Or Foreign Country)	GARY, IN
9. Ever In U.S. Armed Forces?	☒ Yes ☐ No Unknown ☐
10. If Death Occurred In A Hospital:	☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival
10a. If Death Occurred Somewhere Other Than A Hospital:	☐ Hospice Facility ☐ Decedent's Home ☒ Nursing Home/Long-Term Care Facility ☐ Other (Specify)
11. Facility Name (If Not Institution, Give Street And Number)	LOWELL HEALTH CARE
12. City Or Town, State, And Zip Code	LOWELL, IN 46356
13. County Of Death	LAKE
14. Marital Status At Time Of Death	☒ Married ☐ Married But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name	PATRICIA FRONEK
15a. (If Wife) Give Maiden Last Name	OTT
16. Decedent's Usual Occupation	LABORER
17. Kind Of Business/Industry	AUTO
18. Residence – State	IN
18a. County	LAKE
18b. City Or Town	CEDAR LAKE
18c. Street And Number	7100 W 140TH AVE
18d. Apt. No.	
18e. Zip Code	46303
18f. Inside City Limits?	☒ Yes ☐ No
19. Decedent's Education	High school graduate or GED completed
20. Decedent Of Hispanic Origin	No, not Spanish/Hispanic/Latino
21. Decedent's Race	White
22. Father's Name (First, Middle, Last)	CHARLES FRONEK
23. Mother's Name (First, Middle, Last)	MILDRED FRONEK
23a. Mother's Maiden Last Name	BRANES
24. Informant's Name	DAVID FRONEK
24a. Relationship To Decedent	SON
24b. Mailing Address (Street And Number, City, State, Zip Code)	7108 W 140TH AVE., CEDAR LAKE, IN 46303

25. Place Of Disposition

Field	Value
25a. Method Of Disposition	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	CHAPEL LAWN MEMORIAL GARDENS
25c. Location – City, Town, And State	SCHERERVILLE, IN
26. Was Coroner Contacted?	☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility	BURDAN FUNERAL HOME 12901 WICKER AVE., CEDAR LAKE, IN 46303
27a. Funeral Home License Number	FH83002461
27b. Signature Of Indiana Funeral Service Licensee	[signature]
27c. License Number (Of Licensee)	FD20700051

Cause Of Death (See Instructions And Examples)

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)
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

	Cause	Approximate Interval: Onset To Death
A.	Lung carcinoma (adenocarcinoma)	
B. Due To (Or As A Consequence Of):	Bone metastasis	
C. Due To (Or As A Consequence Of):		
D. Due To (Or As A Consequence Of):		

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

Field	Value
29. Was An Autopsy Performed?	☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death?	☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death?	☒ Yes ☐ Probably ☐ No ☐ Unknown
32. If Female:	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death:	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined
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?	☐ Yes ☐ No
38. Location Of Injury - State	
38a. City Or Town	
38b. Street & Number	
38c. Apt. No.	
38d. Zip Code	
39. Describe How Injury Occurred	
40. If Transportation Injury, Specify:	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
41. Signature, Of Person Certifying Cause Of Death:	Randall Hile [signature]
42. Certifier (Check Only One)	☒ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	Randall Hile, MD 1020 E. Commercial Av., Lowell, IN 46356
44. License Number	01030234
45. Date Certified	10-1-09
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):	October 2, 2009

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State Form 10110 (R7/9-07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

#11 CM CM

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FILED MAR 05 2010 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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MICHELLE R. FAJMAN RECORDER

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

COPY CERTIFIED TO BE A TRUE AND COMPLETE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT NOV 10 2009

COMMUNITY TITLE COMPANY FILE NO L 49887