



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2241-09

State No.

Form containing fields for Decedent's Name (JESSICA S. HORNAK), Maiden Name (SAKAMOTO), Sex (Female), Time of Death (9:05a.m.), Date of Death (June 19, 2009), Social Security Number (401-92-2969), Age (78), Date of Birth (March 8, 1931), Birthplace (Kumamoto-Ken, Japan), Facility Name (St. Anthony Hospice), City/Town (Crown Point), County (Lake), Marital Status (Widowed), Usual Occupation (Housewife), Residence (Indiana, Lake County, Gary), Street Address (4635 Polk St.), Decedent's Education (12), Race (White), Informant's Name (Emina Rice), Relationship (Daughter), Mailing Address (121 N. Kelly, Hobart, Indiana 46342), Place of Disposition (Kelly-Carroll Crematory, Gary, Indiana), Funeral Home License Number (FH83007819), Signature of Indiana Funeral Service Licensee (Anthony S. Henderson), Cause of Death (LUNG CANCER), Date of Injury (MAR 26 2010), City of Injury (PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR), Signature of Person Certifying Cause of Death (R Dray), Name of Person Certifying Cause of Death (DR RAY DRASGA), and Date Filed (June 22, 2009).

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

STOP FILED

THIS CERTIFIES THE COPY OF THE DEATH AT THE HEALTH DEPARTMENT IS COMPLETE AND ON FILE WITH THE HEALTH DEPARTMENT. PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR. MAR 25 2010. \$11 CS CE