

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

2010 JUL -6 AM 10:50

LAKE COUNTY NORTHWEST INDIANA TITLE
WASHINGTON STREET
LOWELL, IN 46356

219-696-0100

18209



Local No. 423010-038561

State No.

1. Decedent's Legal Name (First, Middle, Last) Lottie Wohadlo				1a. Maiden Last Name (if female) WOHADLO		2. Sex Female		3. Time Of Death 8:45pm		4. Date Of Death (Month/Day/Year) December 9, 2009	
5. Social Security Number [REDACTED]		8a. Age - Yrs 90		8b. Under 1 Year Months: Days:		8c. Under 1 Month Days: Hours:		7. Date Of Birth (Month/Day/Year) MARCH 24, 1919		8. Birthplace (City And State Or Foreign Country) EAST CHICAGO, INDIANA	
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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) MUNSTER MED INN											
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46322						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name JOSEPH S. MAYER						16. Decedent's Usual Occupation SAVINGS AND LOAN			17. Kind Of Business/Industry		
18. Residence - State INDIANA				18a. County LAKE				18b. Apt. No.			
18c. Street And Number 2306 MARTHA STREET				18d. Zip Code 46322				18e. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 2 YRS. COLLEGE				20. Decedent Of Hispanic Origin WHITE				21. Decedent's Race NO			
22. Father's Name (First, Middle, Last) MARTIN WOHADLO				23. Mother's Name (First, Middle, Last) MARY WOHADLO				23a. Mother's Maiden Last Name GNIADIK			
24. Informant's Name JOSEPH S. MAYER				24a. Relationship To Decedent NEPHEW				24b. Mailing Address (Street And Number, City, State, Zip Code) 443 OAKLEY RD., MOUNTAIN HOME, ARKANSAS 72653			
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) DECEMBER 14, 2009 HOLY CROSS CEMETERY				25c. Location City, Town, And State CALUMET CITY, ILLINOIS			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL HOME 14 KENNEDY AVENUE, SCHERERVILLE, INDIANA 46375						27a. Funeral Home License Number: PH10200037			
27b. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>						27c. License Number (Of Licensee): FD01007231					
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. Use Additional Lines If Necessary. Approximate Interval: Onset To Death											
Immediate Cause (Final Disease Or Condition Resulting In Death) A. coronary artery disease Use To (Or As A Consequence Of)											
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 B. _____ Use To (Or As A Consequence Of)											
C. _____ Use To (Or As A Consequence Of)											
D. _____ Use 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 Arrival of killer in dementia, CHF						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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., Home, Construction Site, Restaurant, Wooded Area)			
37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				38. Location Of Injury - State				38a. City Or Town			
38. Describe How Injury Occurred				38b. Street & Number				38c. Apt. No.			
38d. Zip Code				38e. City Or Town				38f. State			
41. Signature, Of Person Certifying Cause Of Death <i>[Signature]</i>						42. Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death J. NAVARRO M.D. 7905 CALUMET AVE., MUNSTER, INDIANA 46321						44. License Number 01052047		45. Date Certified 12/10/09			
46. Additional Funeral Service Provider:						47. Signature Of Local Health Officer <i>[Signature]</i>					
48. For Registrar Only - Date Filed (Month/Day/Year) December 15, 2009						49. For Registrar Only - Title Filed (Month/Day/Year)					

PERJURY UNDER THE PENALTIES FOR CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS REQUIRED BY LAW.

FILED
JUL 06 2010

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

DEC 15 2009

027748

APARTMENT UNIT 203 IN OAK MEADOWS HORIZONTAL PROPERTY REGIME AS PER DECLARATION RECORDED AUGUST 28, 1984 AS DOCUMENT NO. 770425 AND AMENDED BY CERTIFICATE OF CORRECTION RECORDED OCTOBER 2, 1984 AS DOCUMENT NO. 774524 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, IN

LEGAL CONCEPTS - TOGETHER WITH THE UNDIVIDED INTEREST IN THE COMMON AND LIMITED COMMON AREAS AND FACILITIES APPERTAINING THEREOF.