



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. **2188-08**

State No.

1. Decedent's Legal Name (First, Middle, Last) MARTIN HLAVATY				1a. Maiden Last Name (If Female)		2. Sex Male		3. Time Of Death 04:50 PM		4. Date Of Death (Month/Day/Year) October 11, 2008		
5. Social Security Number 4478		6a. Age - Yrs 85		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) April 28, 1923				8. Birthplace (City And State Or Foreign Country) East Chicago IN								
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street And Number) ST.MARGARET-MERCY HEALTH CARE												
12. City Or Town, State, And Zip Code HAMMOND						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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name N/A				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation CLERK		17. Kind Of Business/Industry INLAND STEEL CO.		
18. Residence - State IN			18a. County Lake			18b. City Or Town Hammond			18d. Apt. No.		18e. Zip Code 46320	
18c. Street And Number 7224 Ontario Avenue						18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
19. Decedent's Education Primary 12				20. Decedent Of Hispanic Origin NONE				21. Decedent's Race WHITE				
22. Father's Name (First, Middle, Last) Alex Hlavaty						23. Mother's Name (First, Middle, Last) Mary Hlavaty			23a. Mother's Maiden Last Name Kozicka			
24. Informant's Name Terry Hlavaty				24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 119 Seville Court, Shererville, IN 46375						
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 Site <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) RIDGELAWN CEMETERY				25c. Location - City, Town, And State Gary IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Bocken Funeral Home, Inc. FH10600033 7042 Kennedy Avenue, Hammond, IN 46323						27a. Funeral Home License Number FH10600033				
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee) FDO8601373						
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. Acute Myocardial infarction Due 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. C. D.												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												
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 Days Before Death <input type="checkbox"/> Not Pregnant, But Pregnant 49 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Year						
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State				38a. City Or Town 053614		38b. Street & Number		38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred												
41. Signature, Of Person Certifying Cause Of Death: <i>Narayan R. Mulamally</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: NARAYAN MULAMALLA MD 5454 Hohman Ave. Hammond, IN 46320						44. License Number 01035355		45. Date Certified 10-16-08				
46. Additional Funeral Service Provider:						47. *Akas						
48. Signature of Local Health Officer: <i>Susan J But. DO.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) October 16, 2008						

REGION TITLE 1605053RT
TICOR HD 45-07-08-476-022-006-023

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHELE P. HANMAN
RECORDER
2008 JUL - 17
9:32
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FN
CA

FILED
JUL 01 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

RETURN TO TERRY HLAVATY, 119 SEVILLE CT, SCHERERVILLE, IN 46375

State Form 10110 (R7/0-07) ATTENTION: ESTATE. The Social Security # is being requested by this state agency in order to prorate its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3-7-10