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PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Avenue Suite 104 Valparaiso, IN 46383

620103832

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED—NAME (THEODORE M. WOYNAROSKI), 2. SEX (Male), 3a. TIME OF DEATH (4:55 P.M.), 3b. DATE OF DEATH (June 13, 1996), 4. SOCIAL SECURITY NUMBER (22249), 5a. AGE (78), 6. DATE OF BIRTH (January 20, 1918), 7. BIRTHPLACE (McCool, Indiana), 8a. WAS DECEASED A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1948), 9a. PLACE OF DEATH (HOSPITAL: Inpatient), 9b. FACILITY NAME (Porter Memorial Hospital), 9c. CITY, TOWN, OR LOCATION OF DEATH (Valparaiso), 9d. COUNTY OF DEATH (Porter), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Jennie T. Trembicki), 12a. DECEASED'S USUAL OCCUPATION (Craneman), 12b. KIND OF BUSINESS/INDUSTRY (U.S. Steel Company), 13a. RESIDENCE—STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Lake Station), 13d. STREET AND NUMBER (1911 Fairview Avenue), 13e. ZIP CODE (46405), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEASED OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEASED'S EDUCATION (11), 18. FATHER'S NAME (Carl Wojnarowski), 19. MOTHER'S NAME (Maria Zielinski), 20a. INFORMANT'S NAME (Jennie T. Wojnarowski), 20b. MAILING ADDRESS (1911 Fairview Ave., Lake Station, Indiana 46405), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (June 17, 1996, Calvary Cemetery), 21c. LOCATION—City or Town, State (Portage, Indiana), 22a. EMBALMER'S NAME (Charles W. Wells), 22b. EMBALMER'S LICENSE NO. (1042372), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (1009893), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (PRUZIN BROS. FUNERAL SERVICE #3002453, 6360 Broadway, Merrillville, IN 46410), 26. PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) (hepatic failure), 26. PART II: Other significant conditions (Alzheimer's, coronary artery disease, diabetes mellitus, Staph aureus sepsis), 27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no), 29a. CERTIFIER (Myklein Mo), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO. (01034294), 29d. DATE SIGNED (June 18, 1996), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Mary N. Klein, M.D., 1190 North State Road 49, Porter, Indiana 46304), 31. HEALTH OFFICER'S SIGNATURE (Gary A. Bobotek), 32. DATE FILED (June 19, 1996), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK? (Yes or no), 34d. PLACE OF INJURY (At home, farm, street, factory, office building, etc. (Specify)), 34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) (PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) (055075).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Chicago Title Insurance Company

2005 OCT 18 058254

FILED OCT 06 2010

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