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PORTER COUNTY

CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Avenue Suite 104

Valparaiso, IN 46383

| | THE RECORDS IN THIS SE | ERIES ARE CONFIDENTIAL PE | .R IC 16-1-19-3 | *** | *** | | |
|------------------------------|---|--|----------------------------------|--|--|---|--|
| TYPE/PRINT IN | THEOI | YNAROSKI | 2. SE Ma | le 4:55 P | June 13, 1996 | | |
| PERMANENT | | (Years) | 5b. UNDER 1 YEAR Months Days | House Minutes | 6. DATE OF BIRTH (Mo, Day, Yr) | 7. BIRTHPLACE (City and State or Foreign Country) | |
| BLACK INK | 8a WAS DECEDENT | 78 | Months Days | ļ <u></u> | January 20, 1918 B. PLACE OF DEATH (Check only or | McCool, Indiana | |
| | A U.S. VETERAN? | U.S. ARMED FORCES? | HOSPITAL: X Inpet | | OTHER: O Nursing Home | | |
| | Yes 1948 | | | □ ER/Outpatient □ DOA □ Residence | | | |
| SESSOENT | 9b. FACILITY NAME (If not institution, give street and number) | | | | TOWN, OR LOCATION OF DEATH | 9d. COUNTY OF DEATH | |
| DECEDENT | Porter Memoria | al Hospital | | | lparaiso | Porter | |
| | 10. MARITAL STATUS (Specify) | 11. SURVIVING SPOUSE (If wife, give maiden name) | | | AL OCCUPATION (Give kind of work working life. Do not use retired) | k 12b. KIND OF BUSINESS/INDUSTRY | |
| | Married Jennie T | | rembicki Cra | | eman | U.S. Steel Company | |
| | 13a. RESIDENCE—STATE 13b. COUNTY 13c. CITY, TOWN, OR LOCATION 13d. STREET AND NUMBER | | | | UMBER | | |
| | Indiana Lake Lake Station 1911 Fairview Avenue | | | | rview Avenue | | |
| | 13e. ZIP CODE 13f. INSIDE CITY LIMITS 14. CITIZEN OF 15. WAS DECEDENT OF HISPANIC ORIGIN? 16. RACE—American Indian, □ No 以 Yes WHAT COUNTRY? 以 No □ Yes (If yes, specify Cuban—Black, White, etc. | | | 17. DECEDENT'S EDUCATION | | | |
| : | 13g. ON A FARI | | Y? ☑ No ☐ Y Mexican, Puerto R | | ban Black White, etc. (Specify) | (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) | |
| | 46405 | 117 C A | | | White | 11 | |
| PARENTS | 18. FATHER'S NAME (First Middle, Lest) 19. MOTHER'S NAME (First Middle, Meiden Surname) | | | | | | |
| PARENIS | Carl Wojnarowski Maria Zielinski | | | | | | |
| INFORMANT | 20s. INFORMANT'S NAME (Type/ | | 20b. MAILING | | umber or Rural Route Number, City or | Town. State. Zip Code) 20c. Relationship | |
| INCUMMAN | Jennie T. Woyn | • | I | | Lake Station, Indi | | |
| | 21a. METHOD OF DISPOSITION | | | E OF DISPOSITION (Name | | 21c. LOCATION—City or Town, State | |
| | Buriel Cremetion | Removal from State | other place) | June 17, | | | |
| | Donation Other (Specif | fy) | Calvary | Cemetery | | Portage, Indiana | |
| DISPOSITION | 22a. EMBALMER'S NAME: | | 226 EMBALMER'S | | 23. WAS DEATH REPOR | RTED TO CORONER? | |
| | Charles W. Wel | lls | 10423 | 372 | M No □ Ye | . 2 | |
| · | 24a. SIGNATURE OF FUNERAL DIF | / | 24b. Lil | CENSE NUMBER 25. NAME. ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME | | | |
| t | 117 | NYX / | l | PRUZIN BROS. FUNERAL SERVICE #300245 | | | |
| | 1 mm | Willy | اا | 009893 6360 Broadway, Merrillville, IN 464 | | | |
| | | 28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory Approximate arrest, shock, or heart failure. List only one cause og each line. Interval Between | | | | | |
| | IMMEDIATE CAUSE (Final | - L | , , | epsée faileire co monte and Death | | | |
| 1 | disease or condition | DUE TO (| OR AS A CONSEQUENCE | | | N /mm// | |
| CAUSE OF | resulting in death) | b | | | | <u> </u> | |
| <u> </u> | Conditions, if any, which gave rise to the immediate cause. | DUE TO (C | OR AS A CONSEQUENCE | E OF): | | gradus angles | |
| E | stating the underlying | c. DUE TO (| OR AS A CONSEQUENCE | F OF): | | | |
| 3 | cause lest | d. | | , • | | | |
| രാ ୮ | TART II Other significant conditions | | | | | | |
| , iii | PART II. Other significant conditions Als helman | Conditions continuently to use | at not previously sure | PREGNA | ANT OR 90 DAYS PERFORM | AED? AVAILABLE PRIOR TO | |
| स्र | Timonan ar | ten disease | • | DOCTOR | ARTUM? (Yes or no | O) COMPLETION OF CAUSE OF DEATH? (Yes or no) | |
| grands Cranty picotoca | Deabetes m | relities ; Ste | Th averous | STE NO | | | |
| = [| 29a. CERTIFIER | ERTIFYING PHYSICIAN To the b | est of my knowledge, dest | h occurred at the time, date, | , and place, and due to the cause(s) as | s stated. | |
| nicago Title Insuranc | (Check only | | | | | and due to the cause(s) as stated | |
| B L | | | | | · · · | to the cause(s) and manner as stafed | |
| CERTOFIER | 296. SIGNATURE AND TITLE OF CERTIFIER My Clin Month. Day. Year) 296. MEDICAL LICENSEINO 296 DATE SIGNED (Month. Day. Year) 297. MEDICAL LICENSEINO 296 DATE SIGNED (Month. Day. Year) | | | | | | |
| T: | 30. NAME AND ADDRESS OF PERS | SON WHO COMPLETED CAUSE (| OF DEATH (ITEM 26) (Ty | ne/Print) | 101021 | | |
| | Mary N. Klein, | | ** | | Porter, Indiana | | |
| HEALTH 3 | 31. HEALTH OFFICER'S SIGNATURE | RE A./ | 0 , | | 01001, | P. DATE FILED (Month, Day, Year) | |
| OFFICER | | | Bobwee | -un | | June 14, 1446 | |
| 3 | 33. MANNER OF DEATH | 34a DATE OF INJURY | | 34c. INJURY AT WO | ORK? 34d SESCREE H | Hun Xed Care | |
| E . | | (Month, Day, Year) |) INJURY | (Yes or no) | | | |
| | Charles Constant | ļ | | | | - 0.00 | |
| | Natural Pending Investigation | | | | OCT 0 | 6 7010 | |
| | Accident Investigation | | RY —At home, farm, street, | factory, office | | 6 2010 per or Rural Route Number, City or Town, State) | |
| | Accident Suicide Could not be Determined | 34e. PLACE OF INJUR building, etc. (Speci | | factory, office | | 7-1 | |
| | Accident Investigation Suicide Could not be | building, etc. (Spec. | city) | factory, office | PEGGY HOLI | 6 2010 For or Rural Route Number, City or Town, State) NGA KATONA | |