

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 554-07

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

45-03-06-330-020-000-023

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) GEORGE J. SADOWSKI				2. SEX MALE		3a. TIME OF DEATH 6:50 P M		3b. DATE OF DEATH (Month, Day, Yr.) FEBRUARY 23, 2007					
4. *SOCIAL SECURITY NUMBER 335-30-7386		5a. AGE—Last Birthday (Years) 68		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) August 22, 1938		7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL			
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1961		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence									
9b. FACILITY NAME (If not institution, give street and number) William J. Riley Memorial Residence				9c. CITY, TOWN, OR LOCATION OF DEATH Munster				9d. COUNTY OF DEATH Lake					
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Marcella Piecul		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Funeral Director				12b. KIND OF BUSINESS/INDUSTRY Funeral Home					
13a. RESIDENCE—STATE Illinois		13b. COUNTY Cook		13c. CITY, TOWN, OR LOCATION Chicago				13d. STREET AND NUMBER 13300 S. Houston					
13e. ZIP CODE 60633		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 12 <input type="checkbox"/> 0 <input type="checkbox"/> 2	
18. FATHER'S NAME (First, Middle, Last) Roman J. Sadowski						19. MOTHER'S NAME (First, Middle, Maiden Surname) Sally Maday							
20a. INFORMANT'S NAME (Type/Print) Marcella Sadowski				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13300 S. Houston, Chicago, IL 60633				20c. Relationship Wife					
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 28, 2007 Regional Crematory				21c. LOCATION—City or Town, State Munster, IN					
22a. EMBALMER'S NAME Henry J. Blake				22b. EMBALMER'S LICENSE NO. FD01019406				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR 				24b. LICENSE NUMBER (of Licensee) FD0101946		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home FH19400005 6955 Southeastern Ave., Hammond, IN4632							
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC ESOPHAGEAL CANCER DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last													
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.													
29b. SIGNATURE AND TITLE OF CERTIFIER 						29c. MEDICAL LICENSE NO. 01031582		29d. DATE SIGNED (Month, Day, Year) February 28, 2007					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Lyle Munn MD 4321 Fir St., East Chicago, IN 46312													
31. HEALTH OFFICER'S SIGNATURE Susan W. Best, D.O.													
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		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) LAKE COUNTY AUDITOR PEGGY HOLINGA KATONA	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify date, time, location, etc.									

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