

539286

45-02-01-427-032.000-023

Local No. 000141

Local No. 000141			MICHIGAN			Date Of Death (Month/Day/Year)			JUNE 14, 2010		
6a Age Yrs 90			6b Under 1 Year			Date Of Birth (Month/Day/Year)			MARCH 19, 1920		
6c Under 1 Year			6d Under 1 Year			Place (City And State Or Foreign Country)			WHITING, INDIANA		
316-09-3693			90			MARCH 19, 1920			WHITING, INDIANA		
9. In U.S. Armed Forces?			10. If Death Occurred In A Hospital			10a. If Death Occurred Somewhere Other Than A Hospital			<input type="checkbox"/> Hospital 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 CATHERINE HOSPITAL											
12. City Or Town, State, And Zip Code						13. County Of Death			14. Marital Status At Time Of Death		
EAST CHICAGO, INDIANA 46312						LAKE			<input checked="" type="checkbox"/> Married <input type="checkbox"/> Married-But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation		17. Kind Of Business/Industry	
N/A								HOMEMAKER		OWN HOME	
18. Residence - State			18a. County			18b. City Or Town			18c. Street And Number		
INDIANA			LAKE			HAMMOND (WHITING P.O.)			1448 WARWICK AVENUE		
18c. Street And Number			18d. Apt. No.			18e. Zip Code			18f. Inside City Limits?		
1448 WARWICK AVENUE						46394			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education				20. Decedent Of Hispanic Origin				21. Decedent's Race			
High school graduate or GED completed				No, not Spanish/Hispanic/Latino				White			
22. Father's Name (First, Middle, Last)						23. Mother's Name (First, Middle, Last)					
MICHAEL BONDRA						MARY BONDRA					
24. Informant's Name				24a. Relationship To Decedent				24b. Mailing Address (Street And Number, City, State, Zip Code)			
MISS MARY JO DYBEL				DAUGHTER				439 MAPLEWOOD DRIVE, MICHIGAN CITY, INDIANA 46360			
25. Place Of Disposition											
25a. Method Of Disposition			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)			25c. Location - City, Town, And State			25d. Location - City, Town, And State		
<input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			JUNE 19, 2010 HOLY CROSS CEMETERY			CALUMET CITY, ILLINOIS			CALUMET CITY, ILLINOIS		
26. Was Coroner Contacted?			27. Name And Complete Address Of Funeral Facility								
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			BARAN & SON, INC., 1235-119TH STREET, WHITING, INDIANA 46394								
27b. Signature Of Indiana Funeral Service Licensee						27c. License Number (Of Licensee)					
<i>Mary Jo Dybel</i>						FDE01019456					
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 Congestive Heart Failure											
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											
Pneumonia											
31. Did Tobacco Use Contribute To Death?			32. If Female:			33. Manner Of Death			34. Date Of Injury (Month/Day/Year)		
<input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			<input checked="" 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			<input 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)		
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 type="checkbox"/> No		
38. Location Of Injury - State			38a. City Or Town			38b. Street & Number			38c. Apt. No.		
									38d. Zip Code		
									11		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify:					
						<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41. Signature Of Person Certifying Cause Of Death						42. Certifier (Check Only One)					
<i>Kantilal Patel</i>						<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:						44. License Number			45. Date Certified		
KANTILAL PATEL, M.D.						525-27 W. CHICAGO AVENUE EAST CHICAGO, INDIANA 46312			01043474		
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature Of Local Health Officer						49. For Registrar Only - Date Filed (Month/Day/Year)					
<i>Gaila Bondra</i>						6/15/10 030989					

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2010 DEC 15 PM 5:54
 FDE01019456

State Form 10110 (R7/9-07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3-7-1-10

IVRA-20
(7/05)

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT