



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

COMMUNITY TITLE COMPANY
FILE NO L 44510

Local No. 2687-09 # 45-07-21-478-016.000-026

State No. _____

1 Decedent's Legal Name (First, Middle, Last) Dorothy E. Bateman				1a Maiden Last Name (If Female) Gawlinski		2 Sex Female	3 Time Of Death 11:10 P.M.	4 Date Of Death (Month/Day/Year) July 9, 2009	
5 Social Security Number 340-30-8232	6a Age - Yrs 68	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) June 14, 1941		8 Birthplace (City And State Or Foreign Country) Hammond, Indiana	
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) Community Hospital									
12 City Or Town, State, And Zip Code Munster, Indiana 46321					13 County Of Death Lake		14 Marital Status At Time Of Death <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 Dennis Bateman			15a (If Wife) Give Maiden Last Name		16 Decedent's Usual Occupation Homemaker		17 Kind Of Business/Industry Own Home		
18 Residence - State Indiana			18a County Lake		18b City Or Town Highland				
18c Street And Number 8738 Parrish Ave.					18d Apt No		18e Zip Code 46322		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19 Decedent's Education 12		20 Decedent Of Hispanic Origin			21 Decedent's Race White				
22 Father's Name (First, Middle, Last) Edward Joseph Gawlinski			23 Mother's Name (First, Middle, Last) Cecila Frances Gawlinski			23a Mother's Maiden Last Name Graczyk			
24 Informant's Name Dennis Bateman		24a Relationship To Decedent Husband		24b Mailing Address (Street And Number, City, State, Zip Code) 8738 Parrish Avenue, Highland, IN 46322					
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 State <input type="checkbox"/> Other (Specify)		25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Memory Lane Cemetery		25c Location - City, Town, And State Schererville, Indiana*					
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility Fagen Miller Funeral Home 2828 Highway Ave, Highland, In 46322						27a Funeral Home License Number FH83003035	
27b Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>		27c License Number (Of Licenses) FDO1006861							
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. Cardiac arrest 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. Atherosclerotic heart disease Due To (Or As A Consequence Of)									
Part II Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I C. _____ D. _____									
29 Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					30 Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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 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"/> Unknown If Pregnant Within The Past Year			33 Manner Of Death <input checked="" 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)		35 Date 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 Apt No		38d Zip Code		
39 Describe How Injury Occurred					40 If Transportation Vehicle Involved <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 <i>[Signature]</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 Khaleel Reheem-Fonag, MD 312 Ridge Rd, Munster IN					44 License Number 01059379-A		45 Date Certified July 16, 2009		
46 Additional Funeral Service Provider:					47 *Akas				
48 Signature of Local Health Officer <i>Susan J Best D.O.</i>					49 For Registrar Only - Date Filed (Month/Day/Year) July 20, 2009 11:00 am yk				

Document is the property of the Lake County Recorder

NOT OFFICIAL

FILED

MAY 17 2011

PEGGY JOHNSON KATONA

LAKE COUNTY RECORDER

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

JUL 20 2009

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STATE OF INDIANA

LAKE COUNTY

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