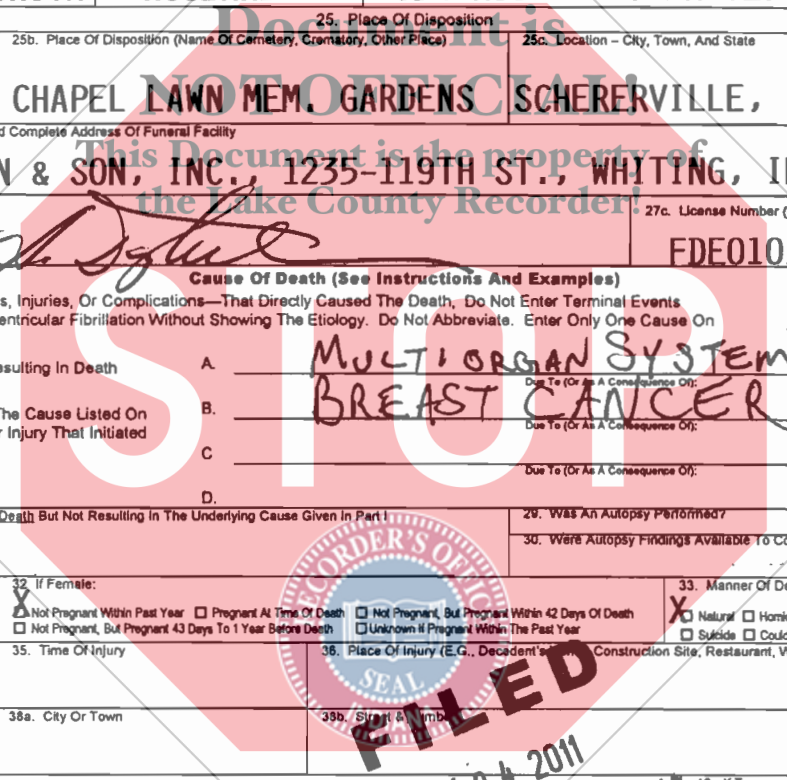




INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 797-10 Parcel # 45-02-12-283-003.000-023 State No. _____

1. Decedent's Legal Name (First, Middle, Last) SANDRA JOAN PIECHOTA				1a. Maiden Last Name (If Female) CHRISTOPHERSON		2. Sex F	3. Time Of Death 8:43 A.M. MARCH 13, 2010	4. Date Of Death (Month/Day/Year)	
5. Social Security Number 310-38-5257	6a. Age - Yrs 71	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) FEB. 13, 1939		8. Birthplace (City And State Or Foreign Country) CHICAGO, ILLINOIS	
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 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 checked="" 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) 654 ROOSEVELT DRIVE									
12. City Or Town, State, And Zip Code HAMMOND, INDIANA 46394				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 WILLIAM A. PIECHOTA			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation DESIGNER		17. Kind Of Business/Industry SELF-EMPLOYED		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND (WHITING P.O.)				18c. Zip Code 46394	
18c. Street And Number 654 ROOSEVELT DRIVE				18d. Apt. No.		18e. Zip Code 46394		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education SOME COLLEGE, NO DEGREE		20. Decedent Of Hispanic Origin NO, NOT HISPANIC		21. Decedent's Race WHITE				21. Decedent's Race	
22. Father's Name (First, Middle, Last) JOHN CHRISTOPHERSON			23. Mother's Name (First, Middle, Last) ERNA CHRISTOPHERSON			23a. Mother's Maiden Last Name VALER			
24. Informant's Name MR. WILLIAM A. PIECHOTA		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 654 ROOSEVELT DRIVE, WHITING, IN 46394					
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) CHapel LAWN MEM. GARDENS		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 BARAN & SON, INC., 1235-119TH ST., WHITING, IN 46394				27a. Funeral Home License Number: FDH83007267			
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>				27c. License Number (Of Licensee): 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. MULTI ORGAN SYSTEM FAILURE B. BREAST CANCER C. _____ D. _____ 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									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						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 checked="" 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"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before 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		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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?			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code #11	
39. Describe How Injury Occurred									
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: M.F. KEVIN, M.D. 7905 CALUMEAU AVENUE MUNSTER, INDIANA 46321						44. License Number 01036785		45. Date Certified MAR. 16, 2010	
46. Additional Funeral Service Provider:						47. *Aka:			
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): March 16, 2010			



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MAY 24 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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