



\* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

Local No. 251

Date Issued March 28, 2002 Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for DECEASED NAME (Wanda M. Mazerik), SEX (Female), TIME OF DEATH (9:35 P), DATE OF DEATH (March 26, 2002), SOCIAL SECURITY NUMBER (313-12-5721), AGE (77), DATE OF BIRTH (November 11, 1924), BIRTHPLACE (Hammond, IN), PLACE OF DEATH (Hospital, Inpatient), FACILITY NAME (St. Margaret Mercy, North Campus), COUNTY OF DEATH (Lake), MARRIAGE STATUS (Married), SURVIVING SPOUSE (Paul Mazerik), DECEASED'S USUAL OCCUPATION (Office Administration), KIND OF BUSINESS/INDUSTRY (Bishop Noll Institute), RESIDENCE (Indiana, Lake, Hammond, 1113 Gostlin Street), ZIP CODE (46327), CITIZENSHIP (USA), RACE (White), EDUCATION (12), FATHER'S NAME (Murl Eley), MOTHER'S NAME (Margaret Flannigan), INFORMANT'S NAME (Paul Mazerik), MAILING ADDRESS (1113 Gostlin St., Hammond, IN 46327), RELATIONSHIP (Husband), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (March 30, 2002, St. Joseph Cemetery), EMBALMER'S NAME (Henry J. Blake), LICENSE NUMBER (FD01019406), FUNERAL HOME (LaHayne Funeral Home, Inc.), CAUSE OF DEATH (PNEUMONIA), CERTIFIER (M. Nootens, MD), DATE SIGNED (March 27, 2002), HEALTH OFFICER'S SIGNATURE (Franklin J. Premuda, M.D.), DATE FILED (March 28, 2002), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

