



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BT 1100685
Local No 001493

EDR No 000000198927

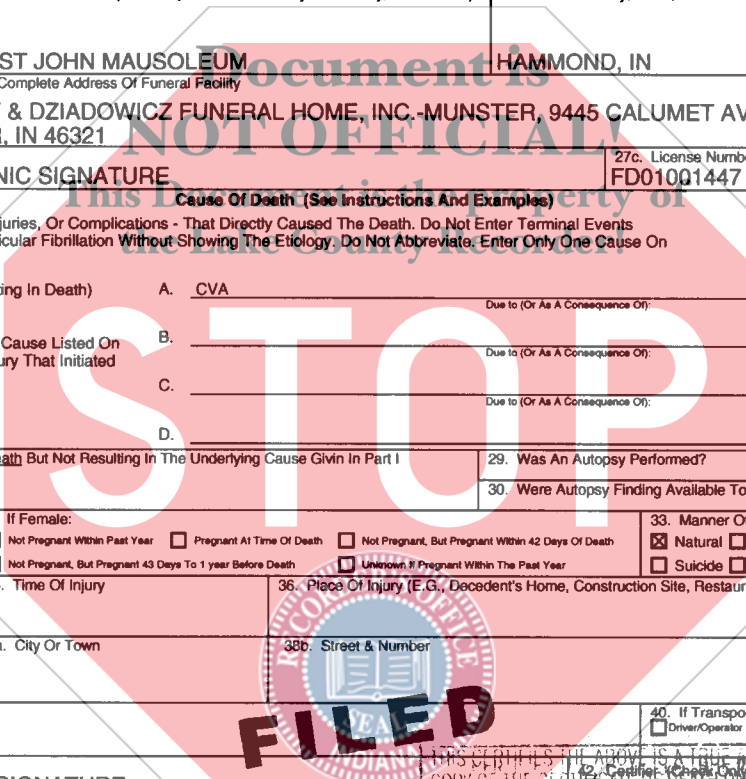
State No 021160

145-07-21-359-007.100-026

1. Decedent's Legal Name (First, Middle, Last) KATHERINE MARIE NOWAK			1a. Maiden Name (If female) TROPSIC		2. Sex FEMALE	3. Time Of Death 09:50 PM	4. Date Of Death (Month/Day/Year) 05/11/2011	
5. Social Security Number 076006405	6a. Age - Yrs 92	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) 09/14/1918		8. Birthplace (City and State or Foreign Country) HAMMOND, IN
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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) HARTSFIELD CARE CENTER								
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 REGISTERED NURSE		17. Kind Of Business/Industry HOSPITAL-INDUSTRIAL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND			18d. Apt. No.	
18c. Street And Number 2441 CLOUGH AVENUE					18e. Zip Code 46322		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education ASSOCIATE DEGREE (AA, AS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) MICHAEL TROPSIC			23. Mother's Name (First, Middle, Last) DORA TROPSIC			23a. Mother's Maiden Last Name CVITAN		
24. Informant's Name CORRINE FANDREI		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 9337 SOUTHMOOR AVENUE, HIGHLAND, IN 46322				
25a. Method Of Disposition <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):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST JOHN MAUSOLEUM		25c. Location - City, Town, And State HAMMOND, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME, INC.-MUNSTER, 9445 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH83002916	
27b. Signature Of Indiana Funeral Service Licensee: LARRY D. ANTHONY, BY ELECTRONIC SIGNATURE					27c. License Number (Of Licensee): FD01001447			
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. CVA 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____								
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I N/A					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Finding 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 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)			38c. Apt. No.	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			38d. Zip Code	
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: WASSIM ATASSI, BY ELECTRONIC SIGNATURE					43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WASSIM ATASSI, 7400 COLUMBIA AVE, HAMMOND, IN 46324			
46. Additional Funeral Service Provider: PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR					44. License Number 01058603A		45. Date Certified 05/13/2011	
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE					49. For Registrar Only - Date Filed (Month/Day/Year): MAY 13 2011			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								

2011 075568

2011 DEC 29 AM 11:19
MICHAEL J. CAHMAN
RECORDED
APPROXIMATE INTERVAL: ONSET TO DEATH
5 WEEKS
FILED FOR RECORD



FILED

DEC 29 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
MAY 13 2011

030355