

NOT AN OFFICIAL DOCUMENT

This Instrument Prepared by:
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Property of Lake County Recorder

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **378923**

Local No 003372

EDR No 000011613349

State No 2023-049722

1. Decedent's Legal Name (First, Middle, Last) Dorothea Przybyla		1a. Maiden Name (if female) Winkelman		2. Gender Female	3. Time of Death 09:28 AM	4. Date of Death (Month/Day/Year) 09/28/2023	
5. Social Security Number [REDACTED]	6a. Age - Yrs 84	6b. Under 1 Year Months [REDACTED]	6c. Under 1 Month Days [REDACTED]	6d. Under 1 Day Hours [REDACTED]	6e. Under 1 Hour Minutes [REDACTED]	7. Date of Birth (Month/Day/Year) 07/08/1939	
8. Birthplace (City and State or Foreign Country) Norwood Park, Illinois		10. Death Occurred In A Hospital: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Dead on Arrival					
11. Facility Name (If Not Institution, Give Street and Number) 8656 W 157th Place		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)					
12. City or Town, State, and Zip Code Lowell, Indiana 46356		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 type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		17. Kind Of Business/Industry Accounting	
15a. Surviving Spouse's Name		15b. Last Name Before First Marriage		16. Decedent's Usual Occupation Bookkeeper		17. Kind Of Business/Industry	
18. Residence - State IN		18a. County Lake		18b. City Or Town Lowell		18c. Apt. No.	
19a. Street And Number 8656 W 157th Place		18d. Apt. No.		18e. ZIP Code 46356		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
19b. Decedent's Education Some college, but no degree		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race White		22. Parents' Last Name Before First Marriage Stelmachowski	
22. Parents' Name (First, Middle Last) Oscar Winkelman		23. Parents' Name (First, Middle, Last) Constance Krajeski		24. Informant's Name Cathy Sunny		24a. Relationship To Decedent Daughter	
24b. Relationship To Decedent		24c. Mailing Address (Street And Number, City, State, Zip Code) 8710 W 157th Place, Lowell, IN, 46356		25. Place Of Disposition Chicago, IL		25c. Location - City, Town, And State	
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) Mount Greenwood Cemetery		25c. Location - City, Town, And State Chicago, IL		25d. Location - City, Town, And State	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Sheets Funeral Home And Cremation Services 604 E. Commercial Avenue, Lowell, Indiana, 46356		27a. Funeral Home License Number FH83004277		27b. License Number (Of Licenses) PD2180013	
27c. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>		27d. Electronic Signature <i>[Signature]</i>		27e. License Number (Of Licenses) PD2180013		27f. License Number (Of Licenses) PD2180013	
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not State Toxins Or Drugs On FILE WITH THE HEALTH DEPARTMENT A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) Cancer of the Brain		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not State Toxins Or Drugs On FILE WITH THE HEALTH DEPARTMENT B Line. Add Additional Lines If Necessary. 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		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not State Toxins Or Drugs On FILE WITH THE HEALTH DEPARTMENT C Line. Add Additional Lines If Necessary.		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not State Toxins Or Drugs On FILE WITH THE HEALTH DEPARTMENT D Line. Add Additional Lines If Necessary.	
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.		28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.		28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.		28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.	
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		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, Worked Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	
38c. ZIP Code		38d. ZIP Code		38e. ZIP Code		38f. ZIP Code	
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> NOT VALID UNLESS		41. Signature Of Person Certifying Cause Of Death <i>Brent Arlyn Jacobus</i>		42. Certifying Physician <input type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
41. Signature Of Person Certifying Cause Of Death <i>Brent Arlyn Jacobus</i>		42. Certifying Physician <input 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 Brent Arlyn Jacobus 9150 E 109th Ave, Suite 2a, Crown Point, IN 46307		44. License Number 02001090A	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death Brent Arlyn Jacobus 9150 E 109th Ave, Suite 2a, Crown Point, IN 46307		44. License Number 02001090A		45. Date Certified 09/27/2023		46. Additional Funeral Service Provider	
46. Additional Funeral Service Provider		47. Signature Of Local Health Officer <i>Chandana Vardada</i>		48. For Registrar Only - Date Filed (Month/Day/Year) 09/28/2023		49. For Registrar Only - Date Filed (Month/Day/Year) 09/28/2023	
47. Signature Of Local Health Officer <i>Chandana Vardada</i>		48. For Registrar Only - Date Filed (Month/Day/Year) 09/28/2023		49. For Registrar Only - Date Filed (Month/Day/Year) 09/28/2023		49. For Registrar Only - Date Filed (Month/Day/Year) 09/28/2023	