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INDIANA STATE BOARD OF HEALTH

[redacted] 33-169-2 Glen Ellen L2 Bl.3

CERTIFICATE OF DEATH

Local No. 161

State No. [illegible]

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1. DECEASED—NAME: FIRST Florence; MIDDLE Frances; LAST Waddell
- 2. SEX: Female
- 3. DATE OF DEATH (Mo. Day, Yr): May 29, 1988
- 4. SOCIAL SECURITY NUMBER: 310-22-6015
- 5a. AGE—Last Birthday (Years): 80
- 5b. UNDER 1 YEAR: Months / Days
- 5c. UNDER 1 DAY: Hours / Minutes
- 6. DATE OF BIRTH (Month, Day, Year): May 25, 1908
- 7. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
- 8. YEAR LAST SERVED IN U.S. ARMED FORCES?: No
- 9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
- 9b. FACILITY NAME (If not institution, give street and number): St. Catherine Hospital
- 9c. CITY, TOWN, OR LOCATION OF DEATH: East Chicago
- 9d. COUNTY OF DEATH: Lake
- 10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed
- 11. SURVIVING SPOUSE (If wife, give maiden name): NONE
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
- 12b. KIND OF BUSINESS/INDUSTRY: at home
- 13a. RESIDENCE—STATE: Indiana
- 13b. COUNTY: Lake
- 13c. CITY, TOWN, OR LOCATION: Hammond
- 13d. STREET AND NUMBER: 7407 ~~7404~~ Jackson
- 13e. INSIDE CITY LIMITS? (Yes or no): Yes
- 13f. FARM: no
- 13g. ZIP CODE: 46324
- 14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes Specify:
- 15. RACE—American Indian, Black, White, etc. (Specify): White
- 16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12th; College (1-4 or 5+):

PARENTS

- 17. FATHER'S NAME (First, Middle, Last): Lawrence ~~Masich~~ MARASICH
- 18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary ~~Fablich~~ SABLICH

INFORMANT

- 19a. INFORMANT'S NAME (Type/Print): Phyllis Abatie
- 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2904 4th Place Highland, Indiana 46324
- 19c. Relationship: daughter

DISPOSITION

- 20a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
- 20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Calumet Park Cemetery June 1, 1988
- 20c. LOCATION—City or Town, State: Merrillville, Indiana
- 21a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
- 21b. LICENSE NUMBER (of Licensee): FDE1018769
- 22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: C.J. Huber Funeral Home 722 165th St. Hammond, Indiana 46324 FDH3002851

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

- 23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title
- 23b. LICENSE NUMBER
- 23c. DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

- 24. TIME OF DEATH: 7:05PM
- 25. DATE PRONOUNCED DEAD (Month, Day, Year): May 29, 1988
- 26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): No

FILED

AUG 3 1988

[signature]

AUDITOR LAKE COUNTY

CAUSE OF DEATH (SEE INSTRUCTIONS)

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (Approximate Interval Between Onset and Death)

- IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Hypoxic brain damage
- DUE TO (OR AS A CONSEQUENCE OF): b. Cardio pulmonary arrest
- DUE TO (OR AS A CONSEQUENCE OF): c.
- DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

- 28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
- 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER (SEE INSTRUCTIONS)

29a. CERTIFIER (Check only one)

- ☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
- ☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
- ☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

- 29b. SIGNATURE AND TITLE OF CERTIFIER: [signature], MD
- 29c. LICENSE NUMBER: 18389
- 29d. DATE SIGNED (Month, Day, Year): May 31, 1988
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): R.R. Reed M.D. 3641 Ridge Road Highland, Indiana 46322

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: E. A. Campagna M.D.
- 32. DATE FILED (Month, Day, Year): 6-1-88

LIAN A. BLASTICK RDER LAKE COUNTY CROWN POINT, INDIANA 4630

AUG 3 8 55 AM '88

CORONER OR MEDICAL EXAMINER USE ONLY

- 33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
- 34a. DATE OF INJURY (Month, Day, Year)
- 34b. TIME OF INJURY
- 34c. INJURY AT WORK? (Yes or no)
- 34d. DESCRIBE HOW INJURY OCCURRED
- 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
- 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

SBH06-004 State Form 10110 (R/10-87) DEATH A/PD 1

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