

100531

INDIANA STATE BOARD OF HEALTH

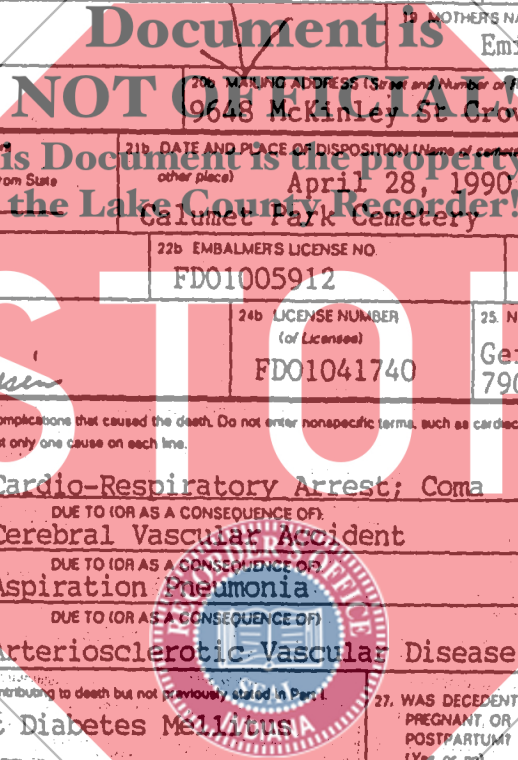
Local No. 23-90

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>Albert Louis Clodig</b>				2. SEX <b>Male</b>		3a. TIME OF DEATH <b>11:24 A.M.</b>		3b. DATE OF DEATH (Month, Day, Year) <b>April 26, 1990</b>	
4. SOCIAL SECURITY NUMBER <b>312-09-5743</b>		5a. AGE—Last Birthday (Years) <b>81</b>		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Month, Day, Year) <b>April 8, 1909</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>		8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>							
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
9b. FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital Southlake Campus</b>				9c. CITY, TOWN OR LOCATION OF DEATH <b>Merrillville</b>			9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Elda Menichini</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Manager</b>			12b. KIND OF BUSINESS/INDUSTRY <b>Monarch Amusement Co</b>		
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN OR LOCATION <b>Crown Point</b>			13d. STREET AND NUMBER <b>9548 McKinley St</b>		
13e. ZIP CODE <b>46307</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>11</b> College (1-4 or 5+)							
18. FATHER'S NAME (First, Middle, Last) <b>Victor Clodig</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Emilia Crucil</b>					
20a. INFORMANT'S NAME (Type/Print) <b>Elda Clodig</b>				20b. MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>9648 McKinley St Crown Point, Indiana 46307</b>				20c. Relationship <b>wife</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>April 28, 1990 Calumet Park Cemetery</b>				21c. LOCATION—City or Town, State <b>Merrillville, Indiana</b>	
22a. EMBALMERS NAME <b>Ronald Mesarch</b>				22b. EMBALMERS LICENSE NO. <b>FD01005912</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ronald Mesarch</i>				24b. LICENSE NUMBER (of Licensee) <b>FD01041740</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Geisen Funeral Home Inc. FH83007762 7905 Broadway Merrillville, Ind 46410</b>			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Cardio-Respiratory Arrest; Coma</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>Cerebral Vascular Accident</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>Aspiration Pneumonia</b> DUE TO (OR AS A CONSEQUENCE OF): d. <b>Arteriosclerotic Vascular Disease</b>									
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>Insulin Dependent Diabetes Mellitus</b>									
27. WAS DECEDENT PREGNANT, OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>				28. WAS AN AUTOPSY PERFORMED? <b>No</b>			29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH? (Yes or no) <b>No</b>		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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) as stated. <input type="checkbox"/> CORONER 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 <i>[Signature]</i>		29c. MEDICAL LICENSE NO. <b>01031797</b>		29d. DATE SIGNED (Month, Day, Year) <b>4/27/90</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Shashikant Rane M.D. 3820 Central Ave Lake Station 46405</b>									
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>								32. DATE FILED (Month, Day, Year) <b>APR 24 1990</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide				34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY (Yes or no) <b>FILED</b>	
34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34e. LOCATION (Street Name, Number or Rural Route Number, City or Town, State) <b>MAY 15 1990</b>					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) <b>No</b>					



DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

KEY# 23-123-16 WIRTZ Crown Heights UNIT 5 LOT 7-16

4-00