

Indiana Ridge Subdiv. lot 13 Bl. 5
Key # 18-56-13, unit # 27
312-91

Pt. NW, SW, S. 17 T. 35 R. 7 2A
Key # 22-5-13
unit # 34

12cc's

INDIANA STATE BOARD OF HEALTH

Local No. 91009161 CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK
W.M. Earle's E Side Add h.15
Key # 17-155-15
unit # 27

1. DECEASED—NAME (First, Middle, Last) JERRY D. PAVESE		2. SEX Male	3a. TIME OF DEATH 9:00A M	3b. DATE OF DEATH (Month, Day, Yr) February 9, 1991
4. SOCIAL SECURITY NUMBER 312-30-4555	5a. AGE—Last Birthday (Years) 57	5b. UNDER 1 YEAR Months Days 0 0	5c. UNDER 1 DAY Hours Minutes 0 0	6. DATE OF BIRTH (Mo, Day, Yr) FEB 13, 1933
7. BIRTHPLACE (City and State or Foreign Country) ELWOOD, INDIANA	8a. WAS DECEDENT A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		8c. PLACE OF DEATH (Check only one. See instructions) RESIDENCE		

9a. FACILITY NAME (If not institution, give street and number) 326 N. OHIO ST.	9b. CITY, TOWN, OR LOCATION OF DEATH HOBART	9c. COUNTY OF DEATH LAKE
--	---	------------------------------------

10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) GAOLINE A. BJERKNES	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) PRESIDENT-APCO	12b. KIND OF BUSINESS/INDUSTRY SELF-EMPLOYED
--	--	--	--

13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION HOBART	13d. STREET AND NUMBER 326 N. OHIO ST.
--	----------------------------	---	--

13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) WHITE	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)
-------------------------------	--	--	--	--	--

18. FATHER'S NAME (First, Middle, Last) BUD M. PAVESE	19. MOTHER'S NAME (First, Middle, Maiden Surname) MARJORIA M. HALL
---	--

20a. INFORMANT'S NAME (Type/Print) GAOLINE A. PAVESE	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 326 N. OHIO ST., HOBART, IN 46342	20c. Relationship Wife
--	---	----------------------------------

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) FEB 12, 1991 CALUMET PARK CEMETERY	21c. LOCATION—City or Town, State MERRILLVILLE, INDIANA
--	---	---

22a. EMBALMER'S NAME JAMES W. GHOLSTON	22b. EMBALMER'S LICENSE NO. FDO1004194	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
--	--	---

24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>	24b. LICENSE NUMBER (of Licensee) FDO1006463	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME REES FUNERAL HOME 600 W. OLD RIDGE RD., HOBART, IN 46342
--	--	--

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. **cerebral aneurysm**
b. **due to (or as a consequence of) a.**
c. **due to (or as a consequence of) b.**
d. **due to (or as a consequence of) c.**

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
32 HOURS

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

FEB 12 1991

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) **N/A**

28. WAS AN AUTOPSY PERFORMED? **No**

29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) **N/A**

FEB 27 1991

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>David M. Williams</i> AUDITOR LAKE COUNTY	29c. MEDICAL LICENSE NO. 01020846	29d. DATE SIGNED (Month, Day, Year) 2/12/91
--	---	---	---

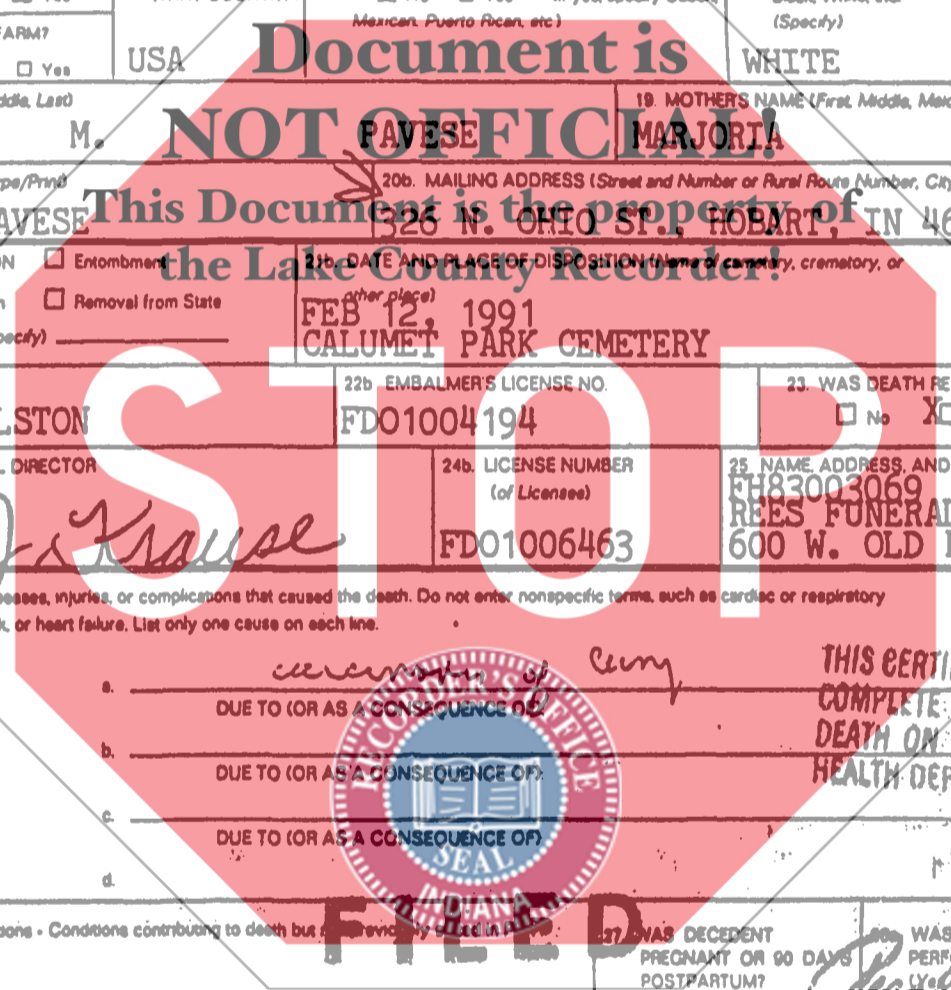
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
DONALD PHILLIPS MD, 1356 SOUTH LAKE PARK AVENUE, HOBART, INDIANA 46342

31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams</i>	32. DATE FILED (Month, Day, Year) Feb. 12, 1991
--	---

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 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)		

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.
--	---

PARENTS
INFORMANT
DISPOSITION
CAUSE OF DEATH
J.G. Earle's Add
E 141.65 ft of N 80th
and W 141.65 ft of
E 283.30 ft of N 80th of lot 2
Key # 17-154-71994, unit # 27



01821/09