

Atty. Donald J. Gray Whiting, Av: 46394
1244-119th St.

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 335

91026542

MAY 3, 1991
Date Issued
Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

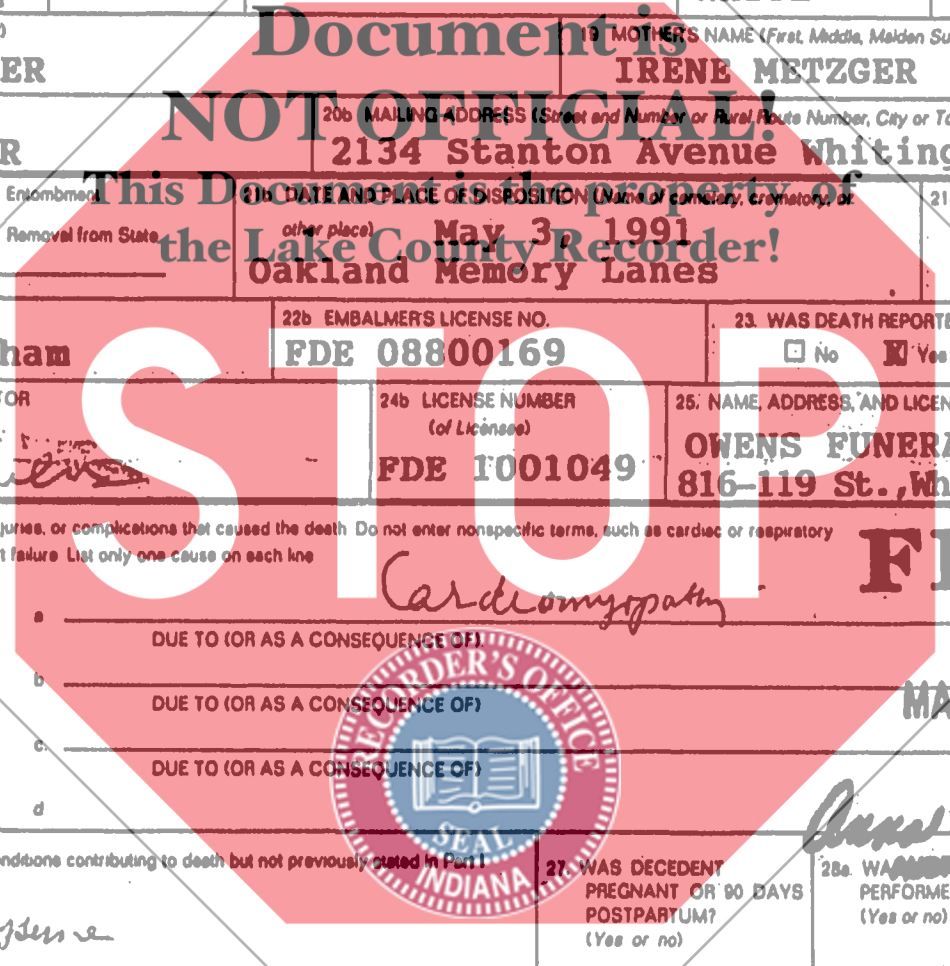
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

| | | | | | | | | | |
|---|--|---|--|---|--|--|---|--|--|
| 1. DECEASED—NAME (First Middle, Last) ROBERT W. SPLETZER | | | | 2. SEX MALE | | 3a. TIME OF DEATH 7 20 P | | 3b. DATE OF DEATH (Month, Day, Year) APRIL 30, 1991 | |
| 4. SOCIAL SECURITY NUMBER 339-05-6151 | | 5a. AGE—Last Birthday (Years) 74 | | 5b. UNDER 1 YEAR Months Days | | 5c. UNDER 1 DAY Hours Minutes | | 6. DATE OF BIRTH (Mo, Day, Yr) December 4, 1916 | |
| 7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS | | 8a. WAS DECEDENT A U.S. VETERAN? YES | | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945 | | 8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence | | | |
| 9b. FACILITY NAME (If not institution give street and number) 2134 STANTON AVENUE | | | | 9c. CITY, TOWN, OR LOCATION OF DEATH HAMMOND (P.O. Whiting) | | | 9d. COUNTY OF DEATH LAKE | | |
| 10. MARITAL STATUS (Specify) MARRIED | | 11. SURVIVING SPOUSE (If wife, give maiden name) SUSAN POTIS | | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) FOREMAN | | | 12b. KIND OF BUSINESS/INDUSTRY AMERICAN OIL CO. | | |
| 13a. RESIDENCE—STATE INDIANA | | 13b. COUNTY LAKE | | 13c. CITY, TOWN, OR LOCATION HAMMOND (P.O. Whiting) | | | 13d. STREET AND NUMBER 2134 Stanton Avenue | | |
| 13e. ZIP CODE 46394 | | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | 14. CITIZEN OF WHAT COUNTRY? U.S.A. | | 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) ALBERT SPLETZER | | 19. MOTHER'S NAME (First, Middle, Maiden Surname) IRENE METZGER | | | | | |
| 20a. INFORMANT'S NAME (Type/Print) SUSAN SPLETZER | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2134 Stanton Avenue Whiting, IN 46394 | | | | 20c. Relationship WIFE | | | |
| 21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) May 3, 1991 Oakland Memory Lanes | | | | 21c. LOCATION (City or Town, State) Dolton, Illinois | | | |
| 22a. EMBALMER'S NAME David Cunningham | | 22b. EMBALMER'S LICENSE NO. FDE 08800169 | | 23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>David Cunningham</i> | | 24b. LICENSE NUMBER (of Licensee) FDE 1001049 | | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME OWENS FUNERAL HOME FDH 3007291 816-119 St., Whiting, IN 46394 | | | | | |
| 26. PART I Enter the disease, 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) Cardiomyopathy Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I Emphysema | | 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO | | | | 28a. WANTED B-LAKE COUNTY AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO | | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO | |
| 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>P. K. Alexander, M.D.</i> P. K. ALEXANDER, M.D. | | 29c. MEDICAL LICENSE NO. 13101 S. BALTIMORE 010 603750 | | 29d. DATE SIGNED (Month, Day, Year) MAY 3/91 | | | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) CHICAGO, ILLINOIS 60633 312-646-0500 | | 31. HEALTH OFFICER'S SIGNATURE <i>Donald J. Gray</i> Donald J. Gray, M.D. | | | | 32. DATE FILED (Month, Day, Year) MAY 03 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. 01143 | | | | | | | |



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MAY 3 1991
DOLTON, ILLINOIS

Key # 34-245-10-2 2nd Lake Hld. 6.10 Bl. 2