

92021270

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 0406-92

Key# 27-17-914 166
E. 65 Ft of W. 250 Ft. of N.
10 Rds. of E. 40 Rds. of SW
NE & N. 55 of E. 65 of W.
350 Ft. of S. 10 Rds. of N. 200 ft
of E. 40 Rds SW NE
S. 27 T. 36 Rd.

TYPE/PRINT
IN:
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) STANLEY B. MAREACHEN		2 SEX MALE	3a TIME OF DEATH 2:44 AM	3b DATE OF DEATH (Month Day Yr) FEBRUARY 20, 1992
4 SOCIAL SECURITY NUMBER 310-14-2536	5a AGE—Last Birthday (Years) 72	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Jan. 27, 1920
7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana	8a WAS DECEDENT A U.S. VETERAN? YES	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	

DECEDENT

9b FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		9c CITY, TOWN OR LOCATION OF DEATH MUNSTER	9d COUNTY OF DEATH LAKE
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Hazel Broomhead	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Tool & Dye Maker	12b KIND OF BUSINESS/INDUSTRY Engineering Co.
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Highland	13d STREET AND NUMBER 3708 Wirth Rd.
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 COUNTRY OF BIRTH U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
16 RACE—American Indian Black White etc (Specify) White	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (10-12) College (14 or 5+) 12		

PARENTS

18 FATHER'S NAME (First Middle Last) Cyril Mareachen	19 MOTHER'S NAME (First Middle Maiden Surname) Mary Sankowski
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INFORMANT

20a INFORMANT'S NAME (Type-Print) Hazel Mareachen	20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 3708 Wirth Rd. Highland, Indiana	20c Relationship Wife
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DISPOSITION

21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) February 22, 1992 Chapel Lawn Cemetery	21c LOCATION—City or Town State Schererville, Indiana
22a EMBALMERS NAME Ronald A. Reed	22b EMBALMERS LICENSE NO. FDO 1001081	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b LICENSE NUMBER (of Licensee) FDO 1014511	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FTH: 300-7500

CAUSE OF DEATH

26 PART 1 COMPLETE: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory shock or heart failure. List only one cause on each line. DEATH ON THE VEIN	26b APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 76 HOURS
IMMEDIATE CAUSE (Final disease or condition resulting in death) Septicemia	26c APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 76 HOURS
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last Septicemia	26d APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 76 HOURS
PART 2 (Only if conditions contributing to death but not previously listed in Part 1) LAKE COUNTY HEALTH DEPT	27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) N/A
	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

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 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. 01161	29d DATE SIGNED (Month Day Year) FEBRUARY 20, 1992
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type-Print) CLAUDE A. FOREIT, D.O. 3832 HOHMAN AVE. HAMMOND, INDIANA 46327			

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>	32 DATE FILED (Month Day Year) February 21, 1992
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CORONER USE ONLY

33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a DATE OF INJURY (Month Day Year) APR 8 1992	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) Office	34f LOCATION (Street and Number or Rural Route Number City or Town State) Office		
34g DATE PRONOUNCED DEAD (Month Day Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) NO			

00463