

Local No. 1384-91... 52025343

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Linda Hobbcock 8021 Rhode Ct Dyer 46311 State No. 7

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First Middle Last) Carrie J. Aubruner female 7:30 M July 29, 1991 4. SOCIAL SECURITY NUMBER 315-09-0110 5a. AGE—Last Birthday (Years) 84 6. DATE OF BIRTH (Mo Day Yr) December 22, 1906 Canton, Ohio

DECEDENT

9b. FACILITY NAME (If not institution give street and number) 930 Woodhollow Drive 9c. CITY TOWN OR LOCATION OF DEATH Schererville Indiana 9d. COUNTY OF DEATH Indiana 10. MARITAL STATUS (Specify) Married 11. SURVIVING SPOUSE (If wife give maiden name) William Aubruner 12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) secretary 12b. KIND OF BUSINESS/INDUSTRY Church 1st United Methodist

PARENTS

13a. RESIDENCE—STATE Indiana 13b. COUNTY Lake 13c. CITY TOWN OR LOCATION Schererville 13d. STREET AND NUMBER 930 Woodhollow Drive 13e. ZIP CODE 46375 14. CITIZEN OF WHAT COUNTRY? USA 15. WAS DECEASED OF HISPANIC ORIGIN? No 16. RACE—American Indian (Black White etc) White 17. DECEASED'S EDUCATION (Specify only highest grade completed) High School 12

INFORMANT

18. FATHER'S NAME (First Middle Last) William Leech 19. MOTHER'S NAME (First Middle Maiden Surname) April King 20a. INFORMANT'S NAME (Type/Print) William Aubruner 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code) 930 Woodhollow Drive Schererville, IN 46375 20c. Relationship husband

DISPOSITION

21a. METHOD OF DISPOSITION: Burial [checked] Entombment [] Cremation [] Removal from State [] Donation [] Other (Specify) [] 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) August 2, 1991 Elmwood Cemetery Hammond, Indiana 23. WAS DEATH REPORTED TO CORONER? [checked] Yes

CAUSE OF DEATH

22a. EMBALMER'S NAME Rod A. Ivy 22b. EMBALMER'S LICENSE NO. FDO1018769 24a. SIGNATURE OF FUNERAL DIRECTOR (THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH COMMISSIONER) 24b. LICENSE NUMBER (of Licensee) FDO1018769 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME C.J. Huber Funeral Home FDH3002851 722 165th Street Hammond, IN 46324 26. PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) cardiopulmonary arrest AUG 05 1991 26b. DUE TO (OR AS A CONSEQUENCE OF) amyotrophic lateral sclerosis 26c. Approximate Interval Between Onset and Death days years

CERTIFIER

27. WAS DECEASED PRENANT OR 90 DAYS POSTPARTUM? (Yes or no) No 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A 29a. CERTIFIER (Check only one) [checked] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated [] 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 [] 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 Raymond Roos 29c. MEDICAL LICENSE NO. 036-053345 29d. DATE SIGNED (Month Day, Year) 8/2/91

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Raymond Roos MD, 5841 South Maryland Chicago, Illinois 60637 31. HEALTH OFFICER'S SIGNATURE Alexander S. Williams, MD 32. DATE FILED (Month Day, Year) August 5, 1991

CORONER USE ONLY

33. MANNER OF DEATH: Natural [] Pending Investigation [] Accident [] Suicide [] Homicide [] Could not be Determined [] 34a. DATE OF INJURY (Month Day, Year) APR 24 1992 34b. PLACE OF INJURY—At home, farm, street, factory, office, building etc. (Specify) 34c. INJURY AT WORK? (Yes or no) 34d. DESCRIBE HOW INJURY OCCURRED 34g. DATE PRONOUNCED DEAD (Month Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (If so, specify driver, passenger, pedestrian, etc) 01575 600

28-450-15 #9 June Comdo

