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Local No. 0340-92

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Item	Entry
1. DECEASED—NAME (First, Middle, Last)	Francis J. Zellers
2. SEX	Male
3a. TIME OF DEATH	3:00PM
3b. DATE OF DEATH (Month, Day, Yr)	February 7, 1992
4. SOCIAL SECURITY NUMBER	315-10-0699
5a. AGE—Last Birthday (Years)	70
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	MAY 8, 1921
7. BIRTHPLACE (City and State or Foreign Country)	Logansport, IN
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: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	St. Anthony's Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH	Crown Point
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Virginia Prochno
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Carpenter
12b. KIND OF BUSINESS/INDUSTRY	Local 1005
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN OR LOCATION	Merrillville
13d. STREET AND NUMBER	8325 Rutledge St.
13e. ZIP CODE	46410
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	9

PARENTS

Item	Entry
18. FATHER'S NAME (First, Middle, Last)	William Zellers
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Hallie Walker

INFORMANT

Item	Entry
20a. INFORMANT'S NAME (Type/Print)	Virginia Zellers
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	8325 Rutledge St, Merrillville, IN 46410
20c. Relationship	Wife

DISPOSITION

Item	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	FEB 10, 1992 Calumet Park Cemetery
21c. LOCATION—City or Town, State	Merrillville, Indiana
22a. EMBALMER'S NAME	Larry A. Geisen
22b. EMBALMER'S LICENSE NO.	FD09000013
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Larry Geisen
24b. LICENSE NUMBER (of licensee)	FD09000013
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	FD83001253 Geisen Funeral Home, Inc. 109 N East St, Crown Point, IN46307

CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Pulmonary embolism	Minutes
DUE TO (OR AS A CONSEQUENCE OF) b.	respiratory failure	hours
DUE TO (OR AS A CONSEQUENCE OF) c.	Status post aortic valve replacement	years
DUE TO (OR AS A CONSEQUENCE OF) d.		days

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

PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I.

LAKE COUNTY HEALTH COMMISSIONER

APR 29 1992

Item	Entry
27. WAS DECEDENT PREGNANT 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)	Yes

CERTIFIER

29a. CERTIFIER (Check only one)

- ☒ 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.

Anna N. Anton, AUDITOR LAKE COUNTY

Item	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	31712
29d. DATE SIGNED (Month, Day, Year)	2-12-92
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Jack H. Ziegler MD, 8909 Broadway, Merrillville, IN 46410

HEALTH OFFICER

Item	Entry
31. HEALTH OFFICER'S SIGNATURE	Alexander S. Williams, M.D.
32. DATE FILED (Month, Day, Year)	February 12, 1992

CORONER USE ONLY

Item	Entry
33. MANNER OF DEATH	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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.	

Indp. Nill 3rd. A. 74.9' Lt. 141 #15-148-28

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SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1