93013357

Local No. 13-88

INDIANA STATE BOARD OF HEALTH

53433

CERTIFICATE OF DEATH Unit #20 State No.

LAWYERS TIT[illegible] CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

E.R.R. & S. B1.22 NW NW S.15 T.35 R.9 Key #13-120-20921

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—Name (First, Middle, Last)			2. Sex	3. Date of Death (Month, Day, Year)
Clarence	J.	Schafer	Male	January 12, 1988

4. Social Security Number	5a. Age—Last Birthday (Years)	5b. Under 1 Year: Months / Days	5c. Under 1 Day: Hours / Minutes	6. Date of Birth (Month, Day, Year)	7. Birthplace (City and State or Foreign Country)
713-07-8904	91			Oct. 02, 1896	Schererville, Indiana

8. Year Last Served in U.S. Armed Forces: 1919

10. Place of Death (Check only one. See instructions.): Hospital ☐ Inpatient ☐ ER/Outpatient ☐ DOA | Other ☒ Nursing home ☐ Residence ☐ Other (Specify)

9a. Facility Name (If not institution, give street and number)	9b. City, Town, or Location of Death	9c. County of Death
Lake County Convalescent Home	Crown Point	Lake

10. Marital Status—Married, Never Married, Widowed, Divorced (Specify)	11. Surviving Spouse (If wife, give maiden name)	12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	12b. Kind of Business/Industry
Widowed		Car Inspector	Railroad

13a. Residence—State	13b. County	13c. City, Town, or Location	13d. Street and Number
Indiana	Lake	Schererville	1704 Austin

13e. Inside City Limits? (Yes or No)	13f. Farm	13g. ZIP Code	14. Was Decedent of Hispanic Origin? (Specify No, Yes—Mexican, Mexican American, Chicano, Puerto Rican, Cuban, Other—Specify)	15. Race—American Indian, Asian or Pacific Islander, Black, White, etc. (Specify)	16. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
Yes	No	46375	No	White	8	

PARENTS

17. Father's Name (First, Middle, Last): Nicholas Schafer

18. Mother's Name (First, Middle, Maiden Surname): Anna Scherer

INFORMANT

19a. Informant's Name (Type or Print)	19b. Mailing Address (Street or R.F.D. No., City or Town, State, Zip Code)	19c. Relationship
Richard J. Schafer	1704 Austin, Schererville, In. 46375	Son

DISPOSITION

20a. Method of Disposition: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

20b. Place of Disposition (Name of Cemetery, Crematory, Other Place): ST. MICHAEL'S CHURCH CEMETERY

20c. Location—City or Town, State: SCHERERVILLE, IND.

21a. Signature of Funeral Director: [signature]

21b. Name and Complete Address (Zip Code) of Facility: FAGEN-MILLER FUNERAL GARDENS, INC. 2838 HIGHWAY AVE. HIGHLAND, IND.

1-16-88

FEB 3 0 1988

FUNERAL HOME

FDR3000303

PRONOUNCING PHYSICIAN ONLY

Complete items 22a-c only when certifying physician is not available at time of death to certify cause of death

22a. To the best of my knowledge, death occurred at the time, date and place stated.

22b. License Number

22c. Date Signed (Month, Day, Year)

Signature and Title

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. Time of Death: 5:55 P.M.

25. Date Pronounced Dead (Month, Day, Year): January 12, 1988

26. Was Case Referred to Medical Examiner/Coroner? No

CAUSE OF DEATH

PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on each line.

		Approximate Interval: Onset to Death
a.	Congestive Heart Failure with Bilateral Pleural Effusion	3 days
b.	Due to or as a consequence of: Pulmonary Hypertension	Two weeks
c.	Due to or as a consequence of: Chronic Obstructive Pulmonary Disease	years
d.	Due to or as a consequence of: Hypertension Pre-Existing at the Time	years

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

Arteriosclerotic Cardiovascular Disease

27a. Was an Autopsy Performed? No

27b. Were Autopsy Findings Available Prior to Completion of Cause of Death? (Yes or No)

SEE INSTRUCTIONS

CERTIFIER

27a. Certifier (Check only one)

☐ CERTIFYING PHYSICIAN (To the best of my knowledge, death occurred due to the cause(s) and manner as stated)

☒ PRONOUNCING AND CERTIFYING PHYSICIAN (To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated)

☐ MEDICAL EXAMINER ☐ CORONER ☐ 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) and manner as stated)

27b. Signature and Title of Certifier

27c. License Number: 01017249

27d. Date Signed (Month, Day, Year): January 13, 1988

28. Name and Address of Person Who Completed Cause of Death (Item 27) (Type or Print): J. C. Espino M.D., 2900 W. 93rd. Avenue, Crown Point, Indiana 46307

HEALTH OFFICER

31. Health Officer's Signature

32. Date Filed (Month, Day, Year): January 14, 1988

CORONER OR MEDICAL EXAMINER USE ONLY

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)

35. Describe How Injury Occurred

36. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)

37. Location (Street and Number or Rural Route Number, City or Town, State)

FILED

FEB 26 1993

STATE FORM 10110 (R/10-87)

01510

Anna N. Anton

AUDITOR LAKE COUNTY

HAR 1 12 55 PM '93
SAMUEL RECORDER

LAKE COUNTY, S.S.
FILED FOR RECORD

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STOP