93029276

Local No. 10161

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

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

Dec. 17, 1992 Franklin D. Pennuda M.D.
Date Issued — Hammond Health Commissioner

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Michael G. Opperman
2 SEX: Male
3a TIME OF DEATH: 11:50 P.M.
3b DATE OF DEATH (Month, Day, Yr.): December 15, 1992
4 SOCIAL SECURITY NUMBER: 307-01-2433
5a AGE—Last Birthday (Years): 78
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo., Day, Yr.): Jul. 28, 1914
7 BIRTHPLACE (City and State or Foreign Country): Whiting, Indiana
8a WAS DECEDENT A U.S. VETERAN?: NO
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
8e PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution, give street and number): St. Margaret Mercy Health Care North
9c CITY, TOWN, OR LOCATION OF DEATH: Hammond
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Shirley Story
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Construction
12b KIND OF BUSINESS/INDUSTRY: Union
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hammond
13d STREET AND NUMBER: 7025 Lindbergh St.
13e ZIP CODE: 46320
13f INSIDE CITY LIMITS: [ ] No [X] Yes
13g ON A FARM?: [X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] 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): 10; College (1-4 or 5+)

PARENTS

18 FATHER'S NAME (First, Middle, Last): Charles Opperman
19 MOTHER'S NAME (First, Middle, Maiden Surname): Catherine Spier

INFORMANT

20a INFORMANT'S NAME (Type/Print): Shirley Opperman
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7025 Lindbergh st. Hammond, Indiana
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Other (Specify) [ ] Entombment [ ] Removal from State
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): December 18, 1992 Oakland Memory Lane
21c LOCATION—City or Town, State: Dolton, Illinois
22a EMBALMER'S NAME: David Peterson
22b EMBALMER'S LICENSE NO: FDO 8601585
23 WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a SIGNATURE OF FUNERAL DIRECTOR: A. Kuiper
24b LICENSE NUMBER (of Licensee): FDO 1014511
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500

CAUSE OF DEATH

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)) Approximate Interval Between Onset and Death

a. congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF)
b. markedly left ventricular dysfunction.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

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.

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): NO

CERTIFIER

29a CERTIFIER (Check only one):
[X] CERTIFYING PHYSICIAN - To the best [illegible] occurred at the time, date, and place, and due to the cause(s) as stated
[ ] HEALTH OFFICER [illegible] 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: F.G. Paintuan, M.D.
29c MEDICAL LICENSE NO: 023156
29d DATE SIGNED (Month, Day, Year): 12/17/92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): F.G. PAINTUAN, M.D.

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Franklin D. Pennuda M.D.
32 DATE FILED (Month, Day, Year): December 17, 1992

CORONER USE ONLY

33. MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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.

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