

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Englehart's Country Club Manor All lot 18 Key # 15-153-4

Local No. 0563-94

94018705

CERTIFICATE OF DEATH

State No.unit.#.08.....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Kenneth M. Timmons 2 SEX Male 3a TIME OF DEATH 11:30 AM 3b DATE OF DEATH (Month Day Year) March 4, 1994

4 SOCIAL SECURITY NUMBER 312-05-6702 5a AGE—Last Birthday (Years) 81 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Mo Day Yr) May 21, 1912 7 BIRTHPLACE (City and State or Foreign Country) Winamac, Indiana

8a WAS DECEDENT A U.S. VETERAN? No 8b YEAR LAST SERVED IN U.S. ARMED FORCES? ----- 9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL Inpatient ER/Outpatient DOA OTHER Nursing Home Other (Specify) Residence

9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus 9c CITY TOWN OR LOCATION OF DEATH Merrillville 9d COUNTY OF DEATH Lake

10 MARITAL STATUS (Specify) Married 11 SURVIVING SPOUSE (If wife give maiden name) Mary Pavlovich 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver 12b KIND OF BUSINESS/INDUSTRY Food Industry

13a RESIDENCE—STATE Indiana 13b COUNTY Lake 13c CITY TOWN OR LOCATION Merrillville 13d STREET AND NUMBER 1217 W 63rd Avenue

13e ZIP CODE 46410 13f INSIDE CITY LIMITS No Yes 13g ON A FARM? No Yes 14 CITIZEN OF WHAT COUNTRY? U.S.A. 15 WAS DECEDENT OF HISPANIC ORIGIN? 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: College (1-4 or 5+)

18 FATHER'S NAME (First Middle Last) William Timmons 19 MOTHER'S NAME (First Middle Maiden Surname) Mae Beckett

20a INFORMANT'S NAME (Type/Print) Mary Timmons 20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 1217 W. 63rd Avenue, Merrillville, In. 46410 20c Relationship Wife

21a METHOD OF DISPOSITION Burial Entombment Cremation Removal from State Donation Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) March 7, 1994 Calumet Park Cemetery 21c LOCATION—City or Town State Merrillville, Indiana

22a EMBALMER'S NAME Alexis Thanos 22b EMBALMER'S LICENSE NO FD08600505 23 WAS DEATH REPORTED TO CORONER? No Yes

24a SIGNATURE OF FUNERAL DIRECTOR Ronald J. Meserich 24b LICENSE NUMBER (of Licensee) FD01005912 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. FH830077622 7905 Broadway, Merrillville, In. 46410

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) Cerebrovascular Accident DUE TO (OR AS A CONSEQUENCE OF)

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST THIS CERTIFIES THAT ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH OFFICE DUE TO (OR AS A CONSEQUENCE OF)

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Arteriosclerotic Heart Disease with Coronary Arteriosclerosis

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

29a CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated (Check only one) 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 Richard Buyer M.D. 29c MEDICAL LICENSE NO 01025233 29d DATE SIGNED (Month Day Year) March 7, 1994

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Richard Buyer, M.D., 8895 Broadway Merrillville, Indiana 46410

31 HEALTH OFFICER'S SIGNATURE Alexander S. Williams M.D. 32 DATE FILED (Month Day Year) March 8, 1994

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 WORK-RELATED? (Yes or no) 34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 34e LOCATION (Street and Number or Rural Route Number, City or Town State) MAR 11 1994

34g DATE PRONOUNCED DEAD (Month Day Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) *Check The Doctor* AUDITOR LAKE COUNTY