Local No. 46.17-89

94027669

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. 57324

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Thelma I. Noch
2. SEX: Female
3a. TIME OF DEATH: 7:35A M
3b. DATE OF DEATH (Month, Day, Yr): November 21, 1989
4. SOCIAL SECURITY NUMBER: 306-03-7477
5a. AGE—Last Birthday (Years): 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day. Yr): Feb. 17, 1905
7. BIRTHPLACE (City and State or Foreign Country): Canal Winchester, Ohio
8a. WAS DECEDENT A U.S. VETERAN? N/A
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A
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): Medical Inn
9c. CITY, TOWN, OR LOCATION OF DEATH: Munster
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Home Maker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Munster
13d. STREET AND NUMBER: 7905 Calumet Ave.
13e. ZIP CODE: 46321
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 (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Franklin Root
19. MOTHER'S NAME (First, Middle, Maiden Surname): Ida Mae Moore

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Vada Lyle
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 636 E. Joliet St. Schererville, Indiana
20c. Relationship: Daughter

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 24, 1989 Oakland Memory Lane
21c. LOCATION—City or Town, State: Dolton, Illinois
22a. EMBALMER'S NAME: N/A
22b. EMBALMER'S LICENSE NO.: N/A
23. WAS DEATH REPORTED TO CORONER? ☐ 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, 9038 Kleinman Rd. Highland, Indiana FDH 300-7500

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Hypostatic Pneumonia — Approximate Interval Between Onset and Death: 1 day
DUE TO (OR AS A CONSEQUENCE OF): b. General debility (General Debility)
DUE TO (OR AS A CONSEQUENCE OF): c. Senescence (Senescence)
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: Alzheimer's Syndrome (Alzheimer's Syndrome)

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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):

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT CERTIFICATE OF DEATH ON FILE IN THE LAKE COUNTY HEALTH DEPT. OFFICE. NOV 22 1989

RECEIVED NOV 22 1989 1:05 PM LAKE COUNTY AUDITOR RECORDER

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.
29b. SIGNATURE AND TITLE OF CERTIFIER: W.V. Hehemann MD
29c. MEDICAL LICENSE NO.: 20248
29d. DATE SIGNED (Month, Day, Year): November 21, 1989

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): W.V. Hehemann, MD 7905 Calumet Avenue, Munster, Indiana 46321
31. HEALTH OFFICER'S SIGNATURE: Paul A Johnson
32. DATE FILED (Month, Day, Year): Nov. 22, 1989

FILED APR 12 1994

CORONER 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):
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.:

AUDITOR LAKE COUNTY

Hug # 13-1332

00693