STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
94 APR 27 PM 4:20
SAMUEL ORLICH
RECORDER

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1 — 635940318 14 — CERTIFICATE OF DEATH

JAN 24 1994 — Date Issued — Franklin D. Spremulla M.D. — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Mary Louise (Sis) Fleischer
3a TIME OF DEATH: 8:43 P M
3b DATE OF DEATH (Month Day Yr): January 14, 1994
4 SOCIAL SECURITY NUMBER: 306-10-4231
5a AGE—Last Birthday (Years): 76
5b UNDER 1 YEAR (Months Days):
5c UNDER 1 DAY (Hours Minutes):
6 DATE OF BIRTH (Mo Day Yr): NOV 20, 1917
7 BIRTHPLACE (City and State or Foreign Country): LaFayette, Indiana
8a WAS DECEDENT A U.S. VETERAN?: No
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): 7147 McCook, Hammond, Indiana
9c CITY, TOWN OR LOCATION OF DEATH: Hammond
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Widowed
11 SURVIVING SPOUSE (If wife give maiden name): NONE
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Housewife
12b KIND OF BUSINESS/INDUSTRY: Home
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Hammond
13d STREET AND NUMBER: 7147 McCook
13e ZIP CODE: 46323
13f INSIDE CITY LIMITS? ☐ No ☒ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: USA
15 WAS DECEDENT OF HISPANIC ORIGIN? ☐ No ☐ Yes (If yes specify Cuban Mexican Puerto Rican etc): Document is NOT OFFICIAL!
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): Charles J. Hartfield
19 MOTHER'S NAME (First Middle Maiden Surname): Mary Barbara Schurr

INFORMANT

20a INFORMANT'S NAME (Type Print): Carol Strand
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): Willigar & Ridge Road, Thornton, Ill.
20c Relationship: Daughter

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DISPOSITION

21a METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place): JAN 18, 1994 Oakland Memory Lanes
21c LOCATION—City or Town State: Dolton, Illinois
22a EMBALMER'S NAME: Charles D. Scheuer Jr.
22b EMBALMER'S LICENSE NO: 1006049
23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Charles D. Scheuer
24b LICENSE NUMBER (of Embalmer): 1006049
25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: 3002869 Virgil Huber Funeral Home 7051 Kennedy, Hammond, IN 46323

CAUSE OF DEATH

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) a	Vascular collapse	Unknown
DUE TO (OR AS A CONSEQUENCE OF) b	Due to arteriosclerotic heart and vascular disease	
Conditions if any which gave rise to the immediate cause stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF) c		
DUE TO (OR AS A CONSEQUENCE OF) d		

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):
☐ 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: Thomas R. Philpot, D.P.M.
29c MEDICAL LICENSE NO: 502 B
29d DATE SIGNED (Month Day Year): January 19, 1994
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main St., Crown Point, Indiana 46307

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Franklin D. Spremulla M.D.
32 DATE FILED (Month Day Year): JANUARY 24, 1994

FILED

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: APR 27 1994
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): 600
34g DATE PRONOUNCED DEAD (Month Day Year): January 14, 1994
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc:

Andrew N. Antone
AUDITOR LAKE COUNTY

17.14

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER/PD 1