

* 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

Let to Allen Richmond 26 W 155 W Pl. 400 So. Highland, IL 60473

Local No. 1376-94

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

190006
TICOR TITLE INSURANCE
Crown Point, Indiana
M.O.
AGENTS
INFORMANT

27-17-114 8

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | | | |
|---|--|---|--|--|--|---|
| 1. DECEASED—NAME (First Middle Last) MARIE V. RICHMOND | | | | 2. SEX Female | 3a. TIME OF DEATH 5:30PM | 3b. DATE OF DEATH (Month Day Yr) June 19, 1994 |
| 4. SOCIAL SECURITY NUMBER 316-22-8135 | | 5a. AGE - Last Birthday (Years) 91 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo Day Yr) Aug 22, 1902 | 7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, IL |
| 8a. WAS DECEDENT A U.S. VETERAN? No | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A | 8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | | | |
| 9a. FACILITY NAME (If not institution, give street and number) SEBO'S NURSING HOME | | | | 9b. CITY TOWN OR LOCATION OF DEATH Hobart | 9c. COUNTY OF DEATH Lake | |
| 10. MARITAL STATUS (Specify) Widowed | 11. SURVIVING SPOUSE (If valid, give maiden name) NONE | 12a. DECEDENT'S USUAL OCCUPATION (2nd kind of work done during most of working life. Do not use retired) HOMEMAKER | | 12b. KIND OF BUSINESS INDUSTRY HOME | | |
| 13a. RESIDENCE - STATE IN | 13b. COUNTY Lake | 13c. CITY TOWN OR LOCATION Hobart | | 13d. STREET AND NUMBER 809 GEORGIANNA | | |
| 14a. ZIP CODE 46342 | 14b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14c. CITIZEN OF WHAT COUNTRY USA | 14d. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.) | 15. RACE - American Indian, Black, White, etc. (Specify) WHITE | 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 81091 | |
| 18. FATHER'S NAME (First Middle, Last) PETER JOHNSON | | | | 19. MOTHER'S NAME (First Middle, Maiden Surname) ELIZABETH LIPP | | |
| 20a. INFORMANT'S NAME (Type/Print) LEROY W. RICHMOND | | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1019 W. 41ST AVENUE, Hobart, IN 46342 | 20c. Relationship Son | | |
| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Jun 22, 1994 EVERGREEN MEMORIAL PARK | | 21c. LOCATION - City or Town State HOBART, IN | | |
| 22a. EMBALMER'S NAME JAMES J. KRAUSE | | 22b. EMBALMER'S LICENSE NO. FDO1006463 | | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i> | | 24b. LICENSE NUMBER (of Licensee) FDO1006463 | | 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003069 Reas Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342 | | |
| 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) Cardiovascular accident DUE TO (OR AS A CONSEQUENCE OF) Diabetes DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) | | | | | | |
| PART II. Other significant symptoms - (Conditioning contributing to death but not previously stated in Part I) | | | | | | |
| 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No | | 28. WAS AN AUTOPSY PERFORMED? (Yes or no) No | | 29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No | | |
| 29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place first due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Mark O Carter</i> | | | | 29c. MEDICAL LICENSE NO. 01036415 | 29d. DATE SIGNED (Month Day Year) 6/21/94 | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MARK O. CARTER MD, 295 S. WISCONSIN ST., HOBART, IN 46342 | | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i> | | | | | 31b. DATE FILED (Month Day Year) June 21, 1994 | |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> 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) 001845 | | |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. | | | | |



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
RECORDER
AM 10:04
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