

\* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 1067-95

State No. \_\_\_\_\_

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 10-1-10-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

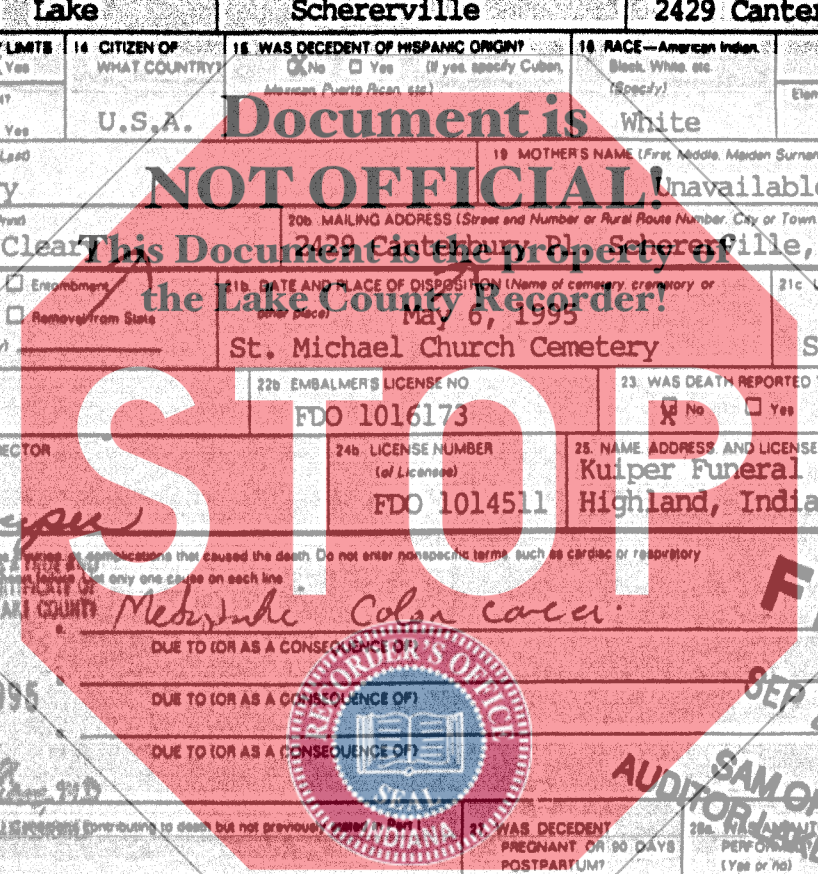
DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>Robert S. Mc Cleary</b>				2 SEX <b>Male</b>		3a TIME OF DEATH <b>8:20 A.M.</b>		3b DATE OF DEATH (Month, Day, Yr) <b>May 4, 1995</b>	
4 SOCIAL SECURITY NUMBER <b>359-18-4167</b>		5a AGE—Last Birthday (Years) <b>68</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) <b>Oct. 27, 1926</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>		8a WAS DECEDENT A U.S. VETERAN? <b>YES</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>		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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <b>Residence</b>			
9a FACILITY NAME (If not institution, give street and number) <b>2429 Canterbury Pl.</b>				9b CITY, TOWN OR LOCATION OF DEATH <b>Schererville</b>		9c COUNTY OF DEATH <b>Lake</b>			
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Katherine Rudershausen</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Security</b>		12b KIND OF BUSINESS/INDUSTRY <b>RREEF Fund</b>			
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN OR LOCATION <b>Schererville</b>		13d STREET AND NUMBER <b>2429 Canterbury Pl.</b>			
13e ZIP CODE <b>46375</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b>		17a College (13-16) <b>0</b>		18 FATHER'S NAME (First, Middle, Last) <b>John Mc Cleary</b>		19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Unavailable</b>			
20a INFORMANT'S NAME (Type/Print) <b>Katherine Mc Cleary</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2429 Canterbury Pl., Schererville, IN</b>				20c Relationship <b>Wife</b>	
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) <b>May 6, 1995 St. Michael Church Cemetery</b>		21c LOCATION—City or Town, State <b>Schererville, Indiana</b>				22a EMBALMER'S NAME <b>Edgar Gleim</b>	
22b EMBALMER'S LICENSE NO. <b>FDO 1016173</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) <b>FDO 1014511</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kessler Rd Highland, Indiana FH83007500</b>	
26 PART I—CAUSE OF DEATH (Enter the immediate cause of death and all other conditions or diseases which are judged to be applications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory failure. Enter only one cause on each line. COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT.) <b>Medicine Colon cancer</b> DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) MAY 25 1995 Auditor's Seal: SAMUEL J. SAMORICH, Auditor, Lake County, Indiana									
27 PART II—MANNER OF DEATH (Contributing to death but not previously stated in Part I) <b>NO</b>		28a WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28b WAS AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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 and 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>[Signature]</i>				29c MEDICAL LICENSE NO. <b>01040756</b>		29d DATE SIGNED (Month, Day, Year) <b>5-9-95</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH <b>William J. Williams, M.D. 7005 OLLIMET AVE. Indianapolis, IN 46221</b>									
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32 DATE FILED (Month, Day, Year) <b>May 9, 1995</b>							
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)							
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					



95057603

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
PH 4:10  
RECORDED AND INDEXED

001623 909