196018 Trol Highland

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

Local No. 1196-95

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1 DECEASED—NAME (First, Middle, Last): JOHN LENZ
- 2 SEX: Male
- 3a TIME OF DEATH: 3:17 PM
- 3b DATE OF DEATH (Month, Day, Yr.): May 22, 1995
- 4 *SOCIAL SECURITY NUMBER: 306-10-4626
- 5a AGE—Last Birthday (Years): 87
- 5b UNDER 1 YEAR (Months, Days):
- 5c UNDER 1 DAY (Hours, Minutes):
- 6 DATE OF BIRTH (Mo. Day. Yr): April 30, 1908
- 7 BIRTHPLACE (City and State or Foreign Country): Elwood City, PA
- 8a WAS DECEDENT A U.S. VETERAN? No
- 8b YEAR LAST SERVED IN U.S. ARMED FORCES? None
- 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): Community Hospital
- 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): None
- 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Edible Supervisor
- 12b KIND OF BUSINESS/INDUSTRY: Lever Brothers
- 13a RESIDENCE—STATE: Indiana
- 13b COUNTY: Lake
- 13c CITY, TOWN, OR LOCATION: Munster
- 13d STREET AND NUMBER: 8745 Jane Way
- 13e ZIP CODE: 46321
- 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.)
- 16 RACE—American Indian, Black, White, etc. (Specify): White
- 17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5+):

PARENTS

- 18 FATHER'S NAME (First, Middle, Last): Andrew Lenz
- 19 MOTHER'S NAME (First, Middle, Maiden Surname): Katherine Heintz

INFORMANT

- 20a INFORMANT'S NAME (Type/Print): Betty Mulholland
- 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8327 Howard Ave., Munster, IN 46321
- 20c Relationship: Friend

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): May 26, 1995 Concordia Cemetery
- 21c LOCATION—City or Town, State: Hammond, IN
- 22a EMBALMER'S NAME: Henry J. Blake
- 22b EMBALMER'S LICENSE NO: FD01019406
- 23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
- 24a SIGNATURE OF FUNERAL DIRECTOR: Elizabeth V. LaHayne
- 24b LICENSE NUMBER (of Licensee): FD01041928
- 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: LaHayne Funeral Home, Inc., FH83002885, 5746 Hohman Ave., Hammond, IN 46320

18-28-363-77

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. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiogenic Schock	
DUE TO (OR AS A CONSEQUENCE OF)	Acute Myocardial Infarction	
DUE TO (OR AS A CONSEQUENCE OF)		
DUE TO (OR AS A CONSEQUENCE OF)	Diabetes Mellitus	

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last.

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: Kansal MD
- 29c MEDICAL LICENSE NO.: 01038984
- 29d DATE SIGNED (Month, Day, Year): 5/24/95
- 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Rakesh Kansal MD 3120 - 45th Street Highland IN 46322

HEALTH OFFICER

- 31 HEALTH OFFICER'S SIGNATURE: Alexander B. Williams MD
- 32 DATE FILED (Month, Day, Year): May 25, 1995

- 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:
- 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.

Lake County Health Dept. — This is a true and correct copy of the certificate of death on file with the Lake County Health Dept. MAY 25 1995 — Lake County Health Commissioner

FILED — 1995 — SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD — 96 AUG 6 AM 10:23 — MORGAN ... RECORDER

96067624

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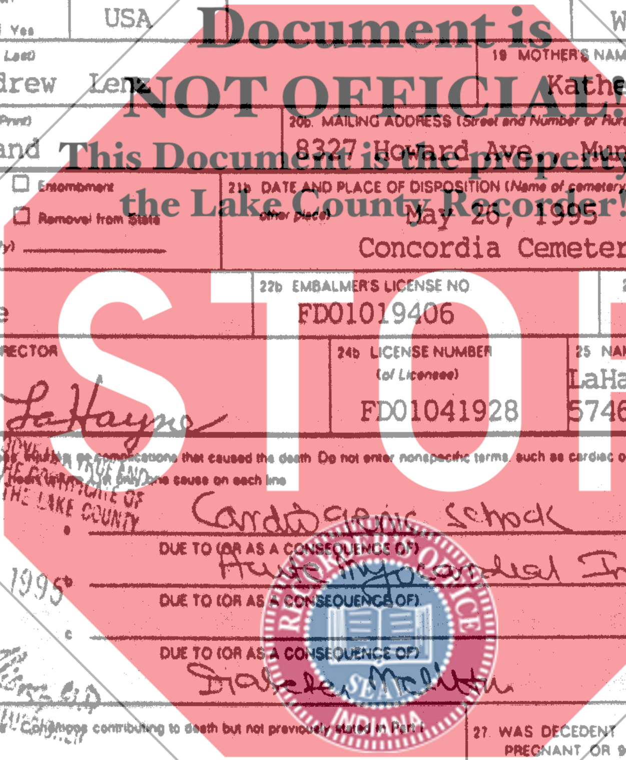
900 tx 52



SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1