AVOIDANCE OF 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

Local No. 1750-94

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): EDWARD J. ELLIS
2. SEX: MALE
3a. TIME OF DEATH: 12:52 AM
3b. DATE OF DEATH (Month, Day, Yr.): AUGUST 8, 1994
4. *SOCIAL SECURITY NUMBER: 318-18-6677
5a. AGE—Last Birthday (Years): 80
5b. UNDER 1 YEAR — Months / Days:
5c. UNDER 1 DAY — Hours / Minutes:
6. DATE OF BIRTH (Mo., Day, Yr.): Sept. 25, 1913
7. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
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): [X] HOSPITAL Inpatient [ ] ER/Outpatient [ ] DOA [ ] OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. FACILITY NAME (If not institution, give street and number): THE 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): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Electrical Maint. Engineer
12b. KIND OF BUSINESS/INDUSTRY: Manufacturing
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Highland
13d. STREET AND NUMBER: 8226 Wicker Park Drive
13e. ZIP CODE: 46322
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM?: [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: [X] 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): 14; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Edward A. Ellis
19. MOTHER'S NAME (First, Middle, Maiden Surname): Grace J. Reilly

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Mr. Carl Johnson
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 438 New Orleans St., Schererville, IN 46375
20c. Relationship: nephew

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): August 11, 1994 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State: Schererville, Indiana
22a. EMBALMER'S NAME: George J. Johnson
22b. EMBALMER'S LICENSE NO: 0890006
23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Charles D. Scheuer, Jr.
24b. LICENSE NUMBER (of Licensee): 1006049
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: VIRGIL HUBER Funeral Home #1002894, 7051 Kennedy, Hammond, IN 46323

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. Congestive Heart Failure
DUE TO (OR AS A CONSEQUENCE OF):
b. Chronic Obstructive Lung Disease
DUE TO (OR AS A CONSEQUENCE OF):
c. Pneumonia
d.

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

Approximate Interval Between Onset and Death: 1 day

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): N/A
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): N/A

CERTIFIER

29a. CERTIFIER (Check only one):
[X] 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:
29c. MEDICAL LICENSE NO: 28441
29d. DATE SIGNED (Month, Day, Year): AUGUST 9, 1994

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print): DR. MORRISSEY 7905 CALUMET AVENUE MUNSTER, IN 46321
31. HEALTH OFFICER'S SIGNATURE:
32. DATE FILED (Month, Day, Year): AUG 12, 1994

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. [illegible] (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.

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

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD AND RECORDED IN MARRIAGE RECORD 95 NOV 10 AM 8:19 JOHN E. PETALAS RECORDER

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

AUG 12 1994

APPROVED 1995 NOV

SIMCOSICH AUDITOR LAKE COUNTY