

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

REES FUNERAL HOME  
3781 CENTRAL AVE.  
LAKE STATION, IN 46405

Local No. 0653-96

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

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>DONNIE L. STRINGER</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>3:05P</b>	3b DATE OF DEATH (Month Day, Yr) <b>March 28, 1996</b>
4 SOCIAL SECURITY NUMBER <b>307-30-3742</b>		5a AGE—Last Birthday (Year) <b>63</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo. Day, Yr) <b>SEP 1, 1932</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>TAYLORVILLE, IL</b>		
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not mentioned give street and number) <b>ST. MARY MEDICAL CENTER</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>HOBART</b>	9d COUNTY OF DEATH <b>LAKE</b>	
10 MARITAL STATUS <b>Married</b>	11 SURVIVING SPOUSE (Type and name) <b>DIANA EARLEY</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work) <b>TRACTOR DRIVER</b>	12b KIND OF BUSINESS/INDUSTRY <b>LIV STEEL</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>LAKE</b>	13c CITY, TOWN OR LOCATION <b>LAKE STATION</b>	13d STREET AND NUMBER <b>2167 RUSH PLACE</b>	
15a ZIP CODE <b>46405</b>	15b INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input 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 (8-12) <b>10</b> College (1-4 or 5+)		18 FATHER'S NAME (First Middle, Last) <b>CHARLES L. STRINGER</b>		
19 MOTHER'S NAME (First Middle, Maiden Surname) <b>LENA BLOSSER</b>		20a INFORMANT'S NAME (Type/Print) <b>DIANA STRINGER</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2167 RUSH PLACE, LAKE STATION, IN 46405</b>		20c Relationship <b>Wife</b>		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>APR 1, 1996 CALVARY CEMETERY</b>		21c LOCATION—City or Town, State <b>PORTAGE, INDIANA</b>
22a OBITUARY NAME <b>JAMES J. KRAUSE</b>		22b EMBALMER'S LICENSE NO. <b>FDO1006463</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Michael S. Peck</i>		24b LICENSE NUMBER (of Licensee) <b>FDO8600270</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>REES FUNERAL HOME, BRADY CHAPEL, 3781 CENTRAL AV LAKE STATION, IN 46405</b>	
26 PART I: From the disease, injury, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. THIS CERTIFICATE IS TO BE COMPLETED BY THE PHYSICIAN WHO HAS CARE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT. <b>MYOCARDIAL INFARCTION</b> DUE TO (OR AS A CONSEQUENCE OF) <b>CVA</b> DUE TO (OR AS A CONSEQUENCE OF) <b>DIABETES MELLITUS</b> DUE TO (OR AS A CONSEQUENCE OF)				
PART II: Other conditions contributing to death but not previously stated in Part I. <b>APR 1 1996</b> <i>Albert Reich</i> LAKE COUNTY HEALTH COMMISSIONER				
27a 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.		27b WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		
27c WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		27d WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OR CAUSE OF DEATH? (Yes or no) <b>No</b>		
28a SIGNATURE AND TITLE OF CERTIFIER <i>Albert Reich</i>		28b MEDICAL LICENSE NO. <b>27425</b>	28c DATE SIGNED (Month, Day, Year) <b>3/29/96</b>	
29 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>FERNANDO RIVERA MD, 3099 CENTRAL AVENUE, LAKE STATION, IN 46405</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Albert Reich</i>				32 DATE FILED (Month, Day, Year) <b>April 1, 1996</b>
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year) <b>APR 10 1996</b>	34b TIME OF INJURY	34c DESCRIBE HOW INJURY OCCURRED <b>FILED</b>
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>APR 10 1996</b>		34e 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) <b>SAM ORLICH</b>		34i <b>000710</b>

Albert Reich Sub 560 ft of N 480 ft B12  
unit 14  
Key #20-145-5

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MARGARET J. CLARK  
RECORDER  
APR 10 1996  
NO

Good  
MS