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

Local No. 2458-94

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

Field	Entry
1. DECEASED—NAME (First Middle Last)	Joyce Mae Schulte
2. SEX	Female
3a. TIME OF DEATH	10:40 A M
3b. DATE OF DEATH (Month Day Yr)	October 10, 1994
4. *SOCIAL SECURITY NUMBER	321-40-2807
5a. AGE—Last Birthday (Years)	47
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo. Day Yr)	July 13, 1947
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?	
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	St Margaret Mercy Hospital South
9c. CITY, TOWN OR LOCATION OF DEATH	Dyer
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	William H. Schulte
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Floral Designer
12b. KIND OF BUSINESS/INDUSTRY	Florist
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN OR LOCATION	Dyer
13d. STREET AND NUMBER	41 Park Manor Dr
13e. ZIP CODE	46311
13f. INSIDE CITY LIMITS	[ ] No [X] Yes
13g. ON A FARM?	[X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	[ ] No [X] Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed)	Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

Field	Entry
18. FATHER'S NAME (First Middle Last)	Joseph Binkis
19. MOTHER'S NAME (First Middle Maiden Surname)	Grace Fetyko

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	William H. Schulte
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	41 Park Manor Dr Dyer, Indiana 46311
20c. Relationship	Husband

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	[X] Burial [ ] Cremation [ ] Donation [ ] Other (Specify) [ ] Entombment [ ] Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	October 13, 1994 St Joseph Cemetery
21c. LOCATION—City or Town, State	Dyer, Indiana
22a. EMBALMER'S NAME	Edward F. Mullaney
22b. EMBALMER'S LICENSE NO.	FDO 1007176
23. WAS DEATH REPORTED TO CORONER?	[X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Edward F. Mullaney
24b. LICENSE NUMBER (of Licensee)	FDO 1007176
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	FH83001504 Fagen-Miller Funeral Gardens Inc 1920 Hart St Dyer, Indiana 46311

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	ANAPHYLACTIC REACTION to Bee (Sting) Venom	
b. DUE TO (OR AS A CONSEQUENCE OF)		
c. DUE TO (OR AS A CONSEQUENCE OF)		
d. DUE TO (OR AS A CONSEQUENCE OF)		

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

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

Field	Entry
27. WAS DECEDENT PREGNANT OR 30 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)	

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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	Kenneth J. Ramsey DO
29c. MEDICAL LICENSE NO.	02000963
29d. DATE SIGNED (Month Day Year)	10/11/94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr Kenneth J Ramsey DO 24 Joliet St. Dyer, IN 46311

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Alexander S. Williams MD
32. DATE FILED (Month Day Year)	October 11, 1994

Field	Entry
33. MANNER OF DEATH	[ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
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.	

001597

FILED SEP 27 1996

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 96 SEP 27 AM 11:28 MARGARET ... RECORDER

96064406

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