ICC

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

INDIANA STATE BOARD OF HEALTH

MORRIS W. CARTER
RECORDER

Local No. 0577-92 97007422 CERTIFICATE OF DEATH AM 9:30 State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): FRIEDA E SCHMIDT
2. TIME OF DEATH: 12:15 P
3. DATE OF DEATH (Month, Day, Year): MARCH 11, 1992
4. SOCIAL SECURITY NUMBER: 326-20-3124
5a. AGE—Last Birthday (Years): 80
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Month, Day, Year): AUG. 19, 1911
7. BIRTHPLACE (City and State or Foreign Country): CHICAGO, ILLINOIS
8a. WAS DECEDENT EVER IN U.S. ARMED FORCES?: NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: NO
9. PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9a. FACILITY NAME (If not institution, give street and number): ST. ANTHONY MEDICAL CENTER
9b. CITY, TOWN, OR LOCATION OF DEATH: CROWN POINT
9c. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): HAROLD E. SCHMIDT
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): CLERK
12b. KIND OF BUSINESS/INDUSTRY: PORTER CLEANERS
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: PORTER
13c. CITY, TOWN, OR LOCATION: CROWN POINT
13d. STREET AND NUMBER: 1353 BRANDYWINE
13e. ZIP CODE: 46307
13f. INSIDE CITY LIMITS? [ ] No [ ] Yes
13g. ON A FARM? [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?: USA
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): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): JOHN BISHOPBERGER
19. MOTHER'S NAME (First, Middle, Maiden Surname): EMILY SHMIDT

INFORMANT

20a. INFORMANT'S NAME (Type/Print): HAROLD SCHMIDT
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1353 Brandywine, Crown Point, In 46307
20c. Relationship: HUSBAND

DISPOSITION

21a. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): March 13, 1992 Northwest Ind. Cremation Serv.
21c. LOCATION—City or Town, State: Crown Point, Indiana
22a. EMBALMER'S NAME: GORDON L. JONES
22b. EMBALMER'S LICENSE NO: 1010711
23. WAS DEATH REPORTED TO CORONER? [ ] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Gordon L. Jones
24b. LICENSE NUMBER (of Licensee): 1010711
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Burns Funeral Home, 10101 Broadwa Crown Point, IN 46307 FDH8300244

CAUSE OF DEATH

26. PART I. Enter the disease, 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.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pulmonary Embolus
DUE TO (OR AS A CONSEQUENCE OF): b. Fractured Hip
DUE TO (OR AS A CONSEQUENCE OF): c. Coronary Artery Disease
DUE TO (OR AS A CONSEQUENCE OF): d.

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

MAR 12 1992

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):
[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: Daniel Linert
29c. MEDICAL LICENSE NO: 05134
29d. DATE SIGNED (Month, Day, Year): 12 MAR 92

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Daniel Linert, 402 Valley St., Valparaiso, IN
31. HEALTH OFFICER'S SIGNATURE: Alexander Williams, MD
32. DATE FILED (Month, Day, Year): March 12, 1992

CORONER USE ONLY

Cert #11 Key #16-45-51 takes of the Four Seasons Unit #1 Lot 51

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?:
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.:

FILED
FEB 6 1997
SAM ORLICH
EDITOR LAKE COUNTY

00023

SBH06-004 State Form 10110 (R2/3-89) DEA CERT PD !