[redacted]

* 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

CERTIFICATE OF DEATH

Local No. 0228-97 State No. ....

43617

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): JAMES E. MICKEY SR.

2 SEX: Male

3a TIME OF DEATH: 9:40 A M

3b DATE OF DEATH (Month Day Yr): January 28, 1997

4 *SOCIAL SECURITY NUMBER: 342-01-7553

5a AGE—Last Birthday (Years): 79

5b UNDER 1 YEAR (Months, Days):

5c UNDER 1 DAY (Hours, Minutes):

6 DATE OF BIRTH (Mo. Day Yr): October 6,1917

7 BIRTHPLACE (City and State or Foreign Country): Freelandville, Indiana

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 ☒ 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): Widower

11 SURVIVING SPOUSE (If wife, give maiden name): ------

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Sheet Metal Worker

12b KIND OF BUSINESS/INDUSTRY: Construction

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN OR LOCATION: Hammond

13d STREET AND NUMBER: 1112-170th Place

13e ZIP CODE: 46324

13f INSIDE CITY LIMITS: ☐ No ☒ Yes

13g ON A FARM?: ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY?: U.S.A.

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): 12th; College (1-4 or 5+): ---

PARENTS

18 FATHER'S NAME (First Middle Last): Bennett Mickey

19 MOTHER'S NAME (First Middle Maiden Surname): Hazel Hurst

INFORMANT

20a INFORMANT'S NAME (Type/Print): James E. Mickey, Jr.

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7737 Walnut St., Hammond, Indiana 46324

20c Relationship: Son

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): January 31, 1997 Elmwood Cemetery

21c LOCATION—City or Town, State: Hammond, Indiana

22a EMBALMER'S NAME: Dean G. Wagner

22b EMBALMER'S LICENSE NO: 8800057

23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Dean Wagner

24b LICENSE NUMBER (of Licensee): 8800057

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Solan Funeral Home FH83002893 7109 Calumet Ave.,Hammond,In. 46324

CAUSE OF DEATH

28 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): Respiratory failure

DUE TO (OR AS A CONSEQUENCE OF): Cardiac arrest

DUE TO (OR AS A CONSEQUENCE OF): Chronic obstructive lung disease with acute exacerbation

DUE TO (OR AS A CONSEQUENCE OF): Congestive heart failure. [illegible]

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

Approximate Interval Between Onset and Death

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): ----

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: [signature]

29c MEDICAL LICENSE NO: 20560

29d DATE SIGNED (Month Day Year): 1/29/97

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print): M.J. Jacobo, M.D. 800 MacArthur Blvd., Munster, Indiana 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature], M.D.

32 DATE FILED (Month Day Year): January 30, 1997

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.

FILED APR 14 1997

900 SU

SAM ORLICH AUDITOR LAKE COUNTY 000772

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD APR 14 [illegible] MORRIS W. CARTER RECORDER

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE ... LAKE COUNTY ... JAN 30 1997

0228-97

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