Key # 01-39-0057-0038
01-39-0045-0049

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

Local No. 1 C404-95

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

1 DECEASED—NAME (First, Middle, Last): Margaret E. Harms

2 SEX: Female

3a TIME OF DEATH: 4:30a.m

3b DATE OF DEATH (Month, Day, Yr.): February 18, 1995

4 SOCIAL SECURITY NUMBER: 316-03-4601

5a AGE—Last Birthday (Years): 75

5b UNDER 1 YEAR: Months / Days

5c UNDER 1 DAY: Hours / Minutes

6 DATE OF BIRTH (Mo. Day Yr.): Oct. 14, 1919

7 BIRTHPLACE (City and State or Foreign Country): GAry, 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): 4020 Ross Rd.

9c CITY, TOWN OR LOCATION OF DEATH: Calumet Township

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Married

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

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

12b KIND OF BUSINESS/INDUSTRY:

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN OR LOCATION: Calumet Township

13d STREET AND NUMBER: 4020 Ross Rd.

13e ZIP CODE: 46408

13f INSIDE CITY LIMITS? ☒ No ☐ Yes

13g ON A FARM? ☐ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY?: USA

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

PARENTS

18 FATHER'S NAME (First, Middle, Last): Andrew Tokash

19 MOTHER'S NAME (First, Middle, Maiden Surname): Margaret Mudri

INFORMANT

20a INFORMANT'S NAME (Type/Print): Robert Harms

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4020 Ross Rd. GAry, Ind. 46408

20c RELATIONSHIP: Husband

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): Feb. 21, 1995 Calumet Park Cemetery

21c LOCATION—City or Town, State: Merrillville, Ind.

22a EMBALMER'S NAME: Anthony S. Rendina Jr.

22b EMBALMER'S LICENSE NO: FD01010402

23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Anthony S. Rendina Jr

24b LICENSE NUMBER (of Licensee): FD01010402

25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Rendina Funeral HOme FH8300781 5100 Cleveland St. Gary, IN

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. Enter only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): PROGRESSIVE ENDOMETRIAL CANCER

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

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

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):

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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:

29c MEDICAL LICENSE NO.: 01031582

29d DATE SIGNED (Month, Day, Year): FEB 20, 1995

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): LYLE R. MUNN MD 4321 FIR ST E.CHICAGO IN 46312

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander S. Williams M.D

32. DATE FILED (Month, Day, Year): February 21, 19

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. 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
SAM ORLICH
AUDITOR LAKE COUNTY

000807

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

Q.00

HOLD FOR: THE TITLE SEARCH CO.

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

FEB 21 1995

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD APR 14 PM 2:20 MORRIS W. CARTER RECORDER

Approx. 46 Interval Between Onset and Death 60

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

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