* 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

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

97 OCT -3 AM 10:53

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Dec 31, 1996 Date Issued

Hammond Health Commissioner

Local No. 1076

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

9706616

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| 1 DECEASED—NAME (First Middle Last) | 2 SEX | 3a TIME OF DEATH | 3b DATE OF DEATH (Month Day Yr) |
|---|---|---|---|
| LORE MASSEY | Female | 12:25 PM | December 30, 1996 |

| 4 SOCIAL SECURITY NUMBER | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months / Days | 5c UNDER 1 DAY Hours / Minutes | 6 DATE OF BIRTH (Mo Day Yr) | 7 BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 317-60-9475 | 53 | | | November 14, 1943 | Koenigsberg, Germany |

| 8a WAS DECEDENT A U.S. VETERAN? | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a PLACE OF DEATH (Check only one See instructions) |
|---|---|---|
| No | -------- | HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence |

| 9b FACILITY NAME (If not institution give street and number) | 9c CITY, TOWN OR LOCATION OF DEATH | 9d COUNTY OF DEATH |
|---|---|---|
| 1517-174th Street | Hammond | Lake |

| 10 MARITAL STATUS (Specify) | 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) | 12b KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Married | Robert Massey | Supervisor | K-Mart |

| 13a RESIDENCE—STATE | 13b COUNTY | 13c CITY TOWN OR LOCATION | 13d STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Hammond | 1517-174th Street |

| 13e ZIP CODE | 13f INSIDE CITY LIMITS | 13g ON A FARM? | 14 CITIZEN OF WHAT COUNTRY? | 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban Mexican Puerto Rican etc) | 16 RACE—American Indian Black White etc (Specify) | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|---|---|---|---|
| | | | | | | Elementary/Secondary (0-12) | College (1-4 or 5+) |
| 46324 | ☐ No ☒ Yes | ☒ No ☐ Yes | U.S.A. | ☒ No ☐ Yes | White | 12th | ---- |

**PARENTS**

| 18 FATHER'S NAME (First Middle Last) | 19 MOTHER'S NAME (First Middle Maiden Surname) |
|---|---|
| Willy Kumpf | Edith ~~Eath~~ Kegler |

**INFORMANT**

| 20a INFORMANT'S NAME (Type/Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) | 20c Relationship |
|---|---|---|
| Robert Massey | 1517-174th St., Hammond, Indiana 46324 | Husband |

**DISPOSITION**

| 21a METHOD OF DISPOSITION | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) | 21c LOCATION—City or Town State |
|---|---|---|
| ☐ Entombment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) | January 3, 1996 Calumet Park Cemetery | Merrillville, Indiana |

| 22a EMBALMER'S NAME | 22b EMBALMER'S LICENSE NO | 23 WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| Dean G. Wagner | 8800057 | ☐ No ☒ Yes |

| 24a SIGNATURE OF FUNERAL DIRECTOR | 24b LICENSE NUMBER (of Licensee) | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| John G. Wagner | 1007231 | Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, In. 46324 |

Key # 26-36-2-12

**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

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a Metastatic Lung CANCER — DUE TO (OR AS A CONSEQUENCE OF) — 4 months

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

b ____ — DUE TO (OR AS A CONSEQUENCE OF) — ____

c ____ — DUE TO (OR AS A CONSEQUENCE OF) — ____

d ____

FILED
OCT 03 1997
SAM ORLICH
AUDITOR LAKE COUNTY

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) | 28 WAS AUTOPSY PERFORMED? (Yes or no) | 29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|
| 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 | 29c MEDICAL LICENSE NO | 29d DATE SIGNED (Month Day Year) |
|---|---|---|
| | 0104756 (Dec) | 12-31-96 |

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

G. Jano M.D. 7905 Calumet Avenue, Munster, Indiana 46321

**HEALTH OFFICER**

31 HEALTH OFFICER'S SIGNATURE G. JANO, M.D., 7905 CALUMET AVE., MUNSTER, IN 46321

32 DATE FILED (Month Day Year) December 31, 1996

| 33 MANNER OF DEATH | 34a DATE OF INJURY (Month Day Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 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 |
|---|---|
| | |

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