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PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave. Suite 104 Valparaiso, IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

10872 TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) PAUL A. DRAVET 2 SEX Male 3a TIME OF DEATH 12.45 pm 3b DATE OF DEATH (Month Day Yr) August 30, 1997

4 SOCIAL SECURITY NUMBER 313 07 5626 5a AGE—Last Birthday (Years) 87 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6 DATE OF BIRTH (Mo. Day Yr) July 27, 1910 7 BIRTHPLACE (City and State or Foreign Country) Johnstown Pa.

8a WAS DECEDENT A US VETERAN? Yes 8b YEAR LAST SERVED IN US ARMED FORCES? 1945 8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL  Inpatient  ER/Outpatient  DOA OTHER  Nursing Home  Other (Specify)  Residence

8d FACILITY NAME (If not institution, give street and number) Miller Merry Manor Nursing Home 8e CITY, TOWN OR LOCATION OF DEATH Portage, IN 8f COUNTY OF DEATH Porter

10 MARITAL STATUS (Specify) single 11 SURVIVING SPOUSE (If wife, give maiden name) 12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Retired Steelworker 12b KIND OF BUSINESS/INDUSTRY US Steel

13a RESIDENCE—STATE Indiana 13b COUNTY Lake 13c CITY, TOWN OR LOCATION Gary 13d STREET AND NUMBER 540 Monroe St.

15a ZIP CODE 46402 15b INSIDE CITY LIMITS  No  Yes 15c 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 DECEASED'S EDUCATION (Specify highest grade completed) Elementary/Secondary (10-12) 12 yrs College (1-4 or 5 +)

18 FATHER'S NAME (First Middle Last) John Dravet 19 MOTHER'S NAME (First Middle, Maiden Surname) Mary Steigoff

20a INFORMANT'S NAME (Type/Print) Nick Paul 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2498 Washington St. Niagara Falls, NY 20c Relationship Nephew

21a METHOD OF DISPOSITION  Burial  Cremation  Removal from State  Donation  Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) St. John Cemetery Hammond Indiana September 5, 1997 21c LOCATION—City or Town, State

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 FH83007819 5100 Cleveland St. Gary, IN 46408

26 PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cerebral or respiratory arrest, shock, or heart failure. List only one cause on each line.  
IMMEDIATE CAUSE (Final disease or condition resulting in death) Leukemia DUE TO (OR AS A CONSEQUENCE OF) Metastatic carcinoma  
Conditions if any which give rise to the immediate cause causing the underlying cause list DUE TO (OR AS A CONSEQUENCE OF)

26 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)

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 Dr. J. Madack 29c MEDICAL LICENSE NO 07001180 29d DATE SIGNED (Month, Day, Year) 9-3-97

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DONALD MADACK 3125 WILLOW CREEK RD PORTAGE IN

31 HEALTH OFFICER'S SIGNATURE Gary A. Bobbick MD 32 DATE FILED (Month, Day, Year) September 3, 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. 001434

215095 TITICOR TITLE INSURANCE 770 Green Point, Indiana

44-78-15 DEC 24 1997 SAM ORLICH AUDITOR LAKE COUNTY 900 th st