

\* 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

Key # 11-122-22

Local No. 1474-97

CERTIFICATE OF DEATH

State No. ....

200867  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

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

DECEDENT

PARENTS

INFORMANT

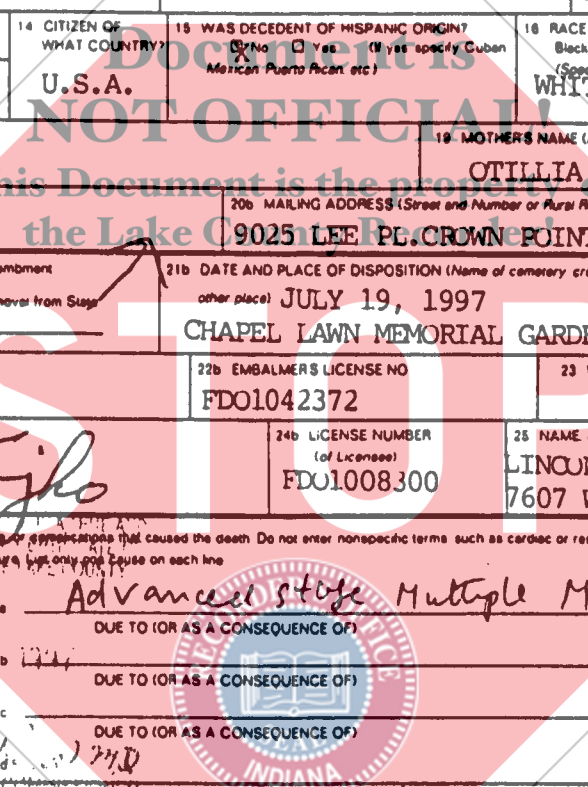
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>BARBARA A. SCHULZ</b>		2 SEX <b>FEMALE</b>	3a TIME OF DEATH <b>7:30A</b>	3b DATE OF DEATH (Month Day Yr) <b>JULY 17, 1997</b>	
4 SOCIAL SECURITY NUMBER <b>306-34-0718</b>	5a AGE—Last Birthday (Years) <b>63</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>OCTOBER 25, 1933</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>HAMMOND, INDIANA</b>	8a WAS DECEDENT A US VETERAN? <b>NO</b>	8b YEAR LAST SERVED IN US ARMED FORCES? <b>NONE</b>	9a PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Incident <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) <b>THE COMMUNITY HOSPITAL</b>		9c CITY TOWN OR LOCATION OF DEATH <b>MUNSTER</b>	9d COUNTY OF DEATH <b>LAKE</b>		
10 MARITAL STATUS <b>MARRIED</b>	11 SURVIVING SPOUSE (Specify if widower) <b>RICHARD SCHULZ</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>ASSISTANT V. P. RETIRED</b>	12b KIND OF BUSINESS/INDUSTRY <b>BANKING</b>		
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY TOWN OR LOCATION <b>CROWN POINT</b>	13d STREET AND NUMBER <b>9025 LEE PL. 26</b>		
13e ZIP CODE <b>46307</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban American Puerto Rican etc)	16 RACE—American Indian Black White etc (Specify) <b>WHITE</b>	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>5</b>
18 FATHER'S NAME (First Middle Last) <b>HOWARD DIKE</b>		19 MOTHER'S NAME (First Middle Maiden Surname) <b>OTILLIA SCHILLO</b>			
20a INFORMANT'S NAME (Type/Print) <b>RICHARD SCHULZ</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town State Zip Code) <b>9025 LEE PL. CROWN POINT, INDIANA 46307</b>	20c Relationship <b>HUSBAND</b>		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) <b>JULY 19, 1997 CHAPEL LAWN MEMORIAL GARDENS</b>		21c LOCATION—City or Town State <b>SCHERERVILLE, INDIANA</b>	
22a EMBALMER'S NAME <b>CHARLES WELLS</b>		22b EMBALMER'S LICENSE NO <b>FDO1042372</b>	23 WAS DEATH REPORTED TO CORNER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Eli Turjko</i>		24b LICENSE NUMBER (of Licensee) <b>FDO1008300</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307</b>		
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 <b>Advanced stage Multiple Myeloma</b> DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)					
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) <input checked="" type="checkbox"/> No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/> No		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) as stated <input type="checkbox"/> 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 <input type="checkbox"/> 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 <i>M. Chandler</i>		29c MEDICAL LICENSE NO <b>01029782</b>	29d DATE SIGNED (Month Day Year) <b>JULY 17/16 1997</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) <b>MOHAMMED ALI, M.D. 1630 45th STREET, MUNSTER, IN 46340</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander B. Williams, MD</i>					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide					
34a DATE OF INJURY (Month Day Year)		34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DATE AND TIME HOW INJURED	
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)		34d STREET AND NUMBER (or Rural Route Number City or Town State) <b>SAM OBLION MUNSTER LAKE COUNTY</b>			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian, etc			



**FILED**  
DA FILED (Month Day Year)  
**July 17, 1997**

**OCT 9 1997**  
CASH