3 C 49704-7 LD

* 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. 0878-97 State No. ....

42627

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last)	ROBERT D. BISSET
2 SEX	MALE
3a TIME OF DEATH	8:44 A.M.
3b DATE OF DEATH (Month Day Yr)	APRIL 24, 1997
4 SOCIAL SECURITY NUMBER	337-40-4909
5a AGE—Last Birthday (Years)	50
5b UNDER 1 YEAR (Months / Days)	
5c UNDER 1 DAY (Hours / Minutes)	
6 DATE OF BIRTH (Mo. Day Yr)	7-26-1946
7 BIRTHPLACE (City and State or Foreign Country)	OAK LAWN, ILLINOIS
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 ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number)	ST. ANTHONY MEDICAL CENTER
9c CITY, TOWN OR LOCATION OF DEATH	CROWN POINT
9d COUNTY OF DEATH	LAKE
10 MARITAL STATUS (Specify)	MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name)	LOU GOLD
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	METAL SPINNER
12b KIND OF BUSINESS/INDUSTRY	
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN OR LOCATION	CROWN POINT
13d STREET AND NUMBER	18 WALNUT PARKWAY
13e ZIP CODE	46307
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? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
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+)	2

PARENTS

18 FATHER'S NAME (First Middle Last)	JOHN KENNEDY BISSET
19 MOTHER'S NAME (First Middle Maiden Surname)	MARION ELIZABETH MATHIS

INFORMANT

20a INFORMANT'S NAME (Type/Print)	LOU BISSET
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	18 WALNUT PARKWAY CROWN POINT, IN 46307
20c Relationship	WIFE

DISPOSITION

21a METHOD OF DISPOSITION	☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	APRIL 26, 1997 NW INDIANA CREMATION SERVICE
21c LOCATION—City or Town, State	CROWN POINT, INDIANA
22a EMBALMER'S NAME	N/A
22b EMBALMER'S LICENSE NO.	—
23 WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	James F. Burns
24b LICENSE NUMBER (If Licensee)	01009461
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	BURNS FUNERAL HOME FDH#83002445 10101 BROADWAY, CROWN POINT, IN. 46307

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. Intercranial Hemorrhage	1 week
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF) b. Cerebral aneurysm	
	DUE TO (OR AS A CONSEQUENCE OF) c.	
	DUE TO (OR AS A CONSEQUENCE OF) d.	

THIS CERTIFIES THE ABOVE TO BE A TRUE AND CORRECT COPY OF THE DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

FEB 03 1998

Alexander S. Kilinski MD

PART II Other significant conditions - Conditions contributing to death but not resulting in the underlying cause given in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	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)	—

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	Paul Gianaris
29c MEDICAL LICENSE NO.	010-45-745
29d DATE SIGNED (Month Day Year)	4/25/97

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

PAUL GIANARIS, M. D., 1400 S. ALEK PARK AVENUE, HOBART, INDIANA 46342

HEALTH OFFICER

31 HEALTH OFFICERS SIGNATURE	Alexander S. Kilinski
32 DATE FILED (Month Day Year)	April 28, 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 29 1998 SAM ORLICH AUDITOR LAKE COUNTY

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

001998

L17 Walnut Parkway PB 28/47

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