[redacted]

2CC'D

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

Local No. 0683-98 Ite 64528

200484

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .... STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

98004210

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED - NAME (First, Middle, Last)	Gordon L. SHEPHERD
2. SEX	Male
3a. TIME OF DEATH	[illegible]:20 AM
3b. DATE OF DEATH (Month, Day, Yr.)	March 19, 1998
4. *SOCIAL SECURITY NUMBER	396-16-4027
5a. AGE - Last Birthday (Years)	74
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo., Day, Yr.)	November 20,1923
7. BIRTHPLACE (City and State or Foreign Country)	Tomahawk Wisconsin
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)	1021 E. 8th Street
9c. CITY, TOWN, OR LOCATION OF DEATH	Hobart
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Ella M.
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	Industrial Engineer
12b. KIND OF BUSINESS/INDUSTRY	Steel
13a. RESIDENCE - STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN OR LOCATION	Hobart
13d. STREET AND NUMBER	1021 E. 8th Street
13e. ZIP CODE	46342
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
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+)	N/A

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Elwin Shepherd
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Edith Kampen

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Ella M. SHEPHERD
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	1021 E. 8th Street, Hobart, IN 46342
20c. Relationship	Wife

DISPOSITION

Field	Entry
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)	March 23, 1998 Graceland Mausoleum
21c. LOCATION - City or Town, State	Valparaiso, Indiana
22a. EMBALMER'S NAME	Russell A. Kraft
22b. EMBALMER'S LICENSE NO.	29300105
23. WAS DEATH REPORTED TO CORONER?	☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	James E. Burns
24b. LICENSE NUMBER (of Licensee)	FD01009461
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342-

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) / Conditions, if any, which gave rise to the immediate cause stating the underlying cause last		Approximate Interval Between Onset and Death
a.	Probable Myocardial infarction	Minutes
b. DUE TO (OR AS A CONSEQUENCE OF):	Hypertension	Years
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):		

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

FILED JUN 03 1998

Field	Entry
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U)	—
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.

SAM ORLICH AUDITOR LAKE COUNTY

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	IN 1033371
29d. DATE SIGNED (Month, Day, Year)	3.24.98
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dr. Michael Kovacich, M.D. 8777 Broadway, Merrillville, IN 46410

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Alexander S. Williams MD
32. DATE FILED (Month, Day, Year)	March 24 1998

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

Field	Entry
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. 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)	March 19, 1998
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.	

MAR 24 1998

9.00 cy LT

Alexander S. Williams M.D. LAKE COUNTY HEALTH COMMISSIONER

000409

LAWYERS TITLE INS. CORP. ONE PROFESSIONAL CENTER SUITE 215 CROWN POINT, IN 4630[illegible]

State Form 10110 (R4/3-93) Deathcer/DD 1