

* 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

SMAY 21 1997
Date Issued

3/20/97
Hammond Health Commission

Local No. 301

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

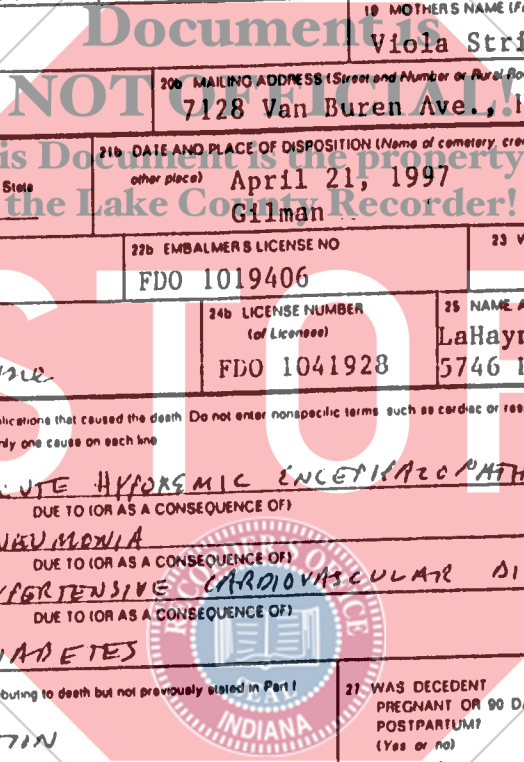
CAUSE OF
DEATH

1 DECEASED—NAME (First Middle Last) John (Jack) W. Rose				2 SEX Male		3a TIME OF DEATH 9:15 a M		3b DATE OF DEATH (Month Day Yr) April 17, 1997	
4 SOCIAL SECURITY NUMBER 306-10-9938		5a AGE—Last Birthday (Year) 80		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo Day Yr) July 1, 1916	
7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana		8a PLACE OF DEATH (Check only one See instructions)							
8a WAS DECEDENT A US VETERAN? No		8b YEAR LAST SERVED IN US ARMED FORCES? None		HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a FACILITY NAME (If not institution give street and number) St. Margaret Mercy - North Campus				9b CITY, TOWN OR LOCATION OF DEATH Hammond			9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wid. give maiden name) Blanche E. Cantrell			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Assistant Police Chief			12b KIND OF BUSINESS/INDUSTRY Hammond Police Depart	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Hammond			13d STREET AND NUMBER 7128 Van Buren Ave.,		
13e ZIP CODE 46324		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc)		16 RACE—American Indian, Black, White etc (Specify) White	
17 DEGREE & EDUCATION (Specify any highest grade completed) 12		18 FATHER'S NAME (First Middle Last) Lloyd Rose							
19 MOTHER'S NAME (First Middle, Maiden Surname) Viola Strickler		20a INFORMANT'S NAME (Type/Print) Blanche E. Rose						20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7128 Van Buren Ave., Hammond, IN. 46324	
20c Relationship Wife		21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input 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) April 21, 1997 Gilman			21c LOCATION—City or Town, State Gilman, Illinois
22a EMBALMER'S NAME Henry Blake				22b EMBALMER'S LICENSE NO FDO 1019406		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Eldon W. LaHayne</i>				24b LICENSE NUMBER (of Licensee) FDO 1041928		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home, Inc. 8200288 5746 Hohman Avenue Hammond, Indiana 46320			
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) a. ACUTE HYPERTENSIVE ENCEPHALOPATHY DUE TO (OR AS A CONSEQUENCE OF) b. PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF) c. HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF) d. DIABETES CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST									
PART II Other significant conditions Conditions contributing to death but not previously stated in Part I ATHEROSCLEROSIS ARRIAL FIBRILLATION STROKE									
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) 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>John A. Foreit D.O.</i>				29c MEDICAL LICENSE NO 02201161		29d DATE SIGNED (Month Day Year) 4/18/97	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) C. A. Foreit, D.O. 3831 Hohman Avenue, Hammond, Indiana 46327									
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Orlich M.D.</i>						32 DATE FILED (Month Day Year) JUL 14 1997		32 DATE FILED (Month Day Year) APR 18 1997	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED SAM ORLICH AUDITOR LAKE COUNTY	
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)				34i LOCATION (Street and 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					

KEY-#
3568-3
514112

CERTIFIER

HEALTH OFFICER



CRIS W. CARTER
 RECORDER
 APR 14 PM 1:59
 STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 YEARS

FILED

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