R68634

* 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.

Local No. 255

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE / COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

MAR 11 1999 — Date Issued — Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1 DECEASED—NAME (First, Middle, Last): Roger K Reeder
- 2 SEX: Male
- 3a TIME OF DEATH: 6:30 A M
- 3b DATE OF DEATH (Month, Day, Yr): March 18, 1999
- 4 *SOCIAL SECURITY NUMBER: 316-54-8705
- 5a AGE—Last Birthday (Years): 48
- 5b UNDER 1 YEAR (Months, Days):
- 5c UNDER 1 DAY (Hours, Minutes):
- 6 DATE OF BIRTH (Mo, Day, Yr): September 21, 1950
- 7 BIRTHPLACE (City and State or Foreign Country): Hammond, IN
- 8a WAS DECEDENT A US VETERAN?: No
- 8b YEAR LAST SERVED IN US ARMED FORCES?: None
- 9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
- 9b FACILITY NAME (If not institution, give street and number): St. Margaret Mercy, North Campus
- 9c CITY, TOWN OR LOCATION OF DEATH: Hammond
- 9d COUNTY OF DEATH: Lake
- 10 MARITAL STATUS (Specify): Married
- 11 SURVIVING SPOUSE (If wife, give maiden name): Melinda K. Jones
- 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): President
- 12b KIND OF BUSINESS/INDUSTRY: Reeder Companies LLC
- 13a RESIDENCE—STATE: Indiana
- 13b COUNTY: Lake
- 13c CITY, TOWN, OR LOCATION: Hammond
- 13d STREET AND NUMBER: 7979 Northcote Ave.,
- 13e ZIP CODE: 46324
- 13f INSIDE CITY LIMITS: ☐ No ☒ Yes
- 13g 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 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4

PARENTS

- 18 FATHER'S NAME (First, Middle, Last): Warren A. Reeder, Jr
- 19 MOTHER'S NAME (First, Middle, Maiden Surname): June M. Hershberger

INFORMANT

- 20a INFORMANT'S NAME (Type/Print): Melinda K. Reeder
- 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7979 Northcote Ave., Hammond, IN 46324
- 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): March 22, 1999 Oak Hill Cemetery
- 21c LOCATION—City or Town, State: Hammond, IN
- 22a EMBALMER'S NAME: Henry J. Blake
- 22b EMBALMER'S LICENSE NO: FD01019406
- 23 WAS DEATH REPORTED TO CORONER?: ☒ No
- 24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
- 24b LICENSE NUMBER (of Licensee): FD01000857
- 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: LaHayne Funeral Home, Inc., FH1940000 6955 Southeastern Ave., Hammond, IN463

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. Cardiogenic Shock
- b. DUE TO (OR AS A CONSEQUENCE OF): Acute Anterior Wall Myocardial Infarction
- c. DUE TO (OR AS A CONSEQUENCE OF): Coronary Artery Disease
- d. DUE TO (OR AS A CONSEQUENCE OF): Hypertension

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: Hodgkin's Disease in Remission; Tobacco Abuse

- 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

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: [signature]
- 29c MEDICAL LICENSE NO: 45665
- 29d DATE SIGNED (Month, Day, Year): March 18, 1999
- 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): D. Tanis M.D. 9122 Columbia Ave. Munster, Indiana 46321

HEALTH OFFICER

- 31 HEALTH OFFICER'S SIGNATURE: [signature] M.D.
- 32 DATE FILED (Month, Day, Year): March 19, 1999
- 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:

000577

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

Chicago Title Insurance Company

CTIC Has made an accommodation recording of the instrument. We Have made no examination of the instrument or the land affected.

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

99 026996

FILED FOR RECORD LAKE COUNTY INDIANA 99 MAR -8 AM 9:58 MORRIS W. CARTER RECORDER

FILED APR 08 1999 PETER BENJAMIN LAKE COUNTY AUDITOR