

This is to certify that this is a true and accurate copy of the record of death on file in this office.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Ronette Wilkins
Kenneth Wilkins
Wake Co. Register of Deeds

key # 36-31-12
99 OCT 19 PM 2:08

By: *Joseph J. Hudson* Deputy

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NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL AND NATURE RESOURCES
DIVISION OF EPIDEMIOLOGY - VITAL RECORDS SECTION

MORTUARY CERTIFICATE OF DEATH
RECORDER

Registration District No. *091-70* Local No.

DECEDENT

1. **Neil V Plesner** SEX **M** DATE OF DEATH (Month, Day, Year) **5/10/95**

2. **M**

3. **5/10/95**

4. **313-30-7366** SOCIAL SECURITY NUMBER AGE—Last Birthday (Years) **66** UNDER 1 YEAR Months Days UNDER 1 DAY Hours Minutes DATE OF BIRTH (Month, Day, Year) **1-24-29** BIRTHPLACE (County and State or Foreign Country) **Fall Creek, WI**

5. **No** WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) 6. **No** HOSPITAL Inpatient ER/Outpatient DCA OTHER: Nursing Home Residence Other (Specify)

7. **Transitional Health Services** FACILITY NAME (If not institution, give street and number) 8. **Cary** CITY, TOWN, OR LOCATION OF DEATH 9a. **Wake** INSIDE CITY LIMITS? (Yes or No) 9b. **Yes** 9c. **Wake** COUNTY OF DEATH

10. **Married** MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) 11. **Grace Rodriguez** SURVIVING SPOUSE (If wife, give maiden name) 12a. **Machinist** DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12b. **Steel Mfg.** KIND OF BUSINESS/INDUSTRY

13a. **Indiana** RESIDENCE—STATE 13b. **Lake** COUNTY 13c. **Hammond** CITY, TOWN, OR LOCATION 13d. **6344 Madison Avenue** STREET AND NUMBER

13e. **Yes** INSIDE CITY LIMITS? (Yes or No) 13f. **46324** ZIP CODE 14. **No** Was Decedent of Hispanic Origin? (Specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No (Specify) 15. **White** RACE—American Indian, Black, White, Etc. (Specify) 16. **12** DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+)

PARENTS

17. **Vern Plesner** FATHER'S NAME (First, Middle, Last) 18. **Della Arne** MOTHER'S NAME (First, Middle, Maiden Surname)

INFORMANT

19a. **Neil G. Plesner** INFORMANT'S NAME (Type/Pnt) 19b. **7127 Partinwood Dr., Fuquay-Varina, N.C.** MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c. **27526** DATE AMENDED

CAUSE OF DEATH

Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. **Cardiopulmonary arrest**

b. **Atherosclerotic Heart disease**

c. **carcinoma of lung**

d. **cerebral vascular accident**

20a. **OCT 19 1999** Approximate Interval Between Onset and Death

20b. **PETER BENJAMIN LAKE COUNTY AUDITOR**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use, diabetes, etc.

CERTIFIER

21a. **No** AUTOPSY? (Yes or No) 21b. **No** If yes, were findings considered in determining cause of death? 21c. **No** Was case referred to Medical Examiner? (Yes or No) 22. **2:00 P.M.** TIME OF DEATH

23a. **Golwala** SIGNATURE AND TITLE OF CERTIFIER 23b. **5/12/95** DATE SIGNED (Month, Day, Year)

24. **Dr. Ajey Golwala 3124 Blueridge Rd. Raleigh, NC 27612** NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type or Pnt)

DISPOSITION

25a. Burial Cremation Removal Donation Other METHOD OF DISPOSITION 25b. **Holy Cross Cemetery** PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 25c. **Calmet City, ILL** LOCATION—City or Town, State, Zip Code

26a. **Durham, NC 27703** NAME AND ADDRESS OF FUNERAL HOME 26b. **Allen L. Jones** SIGNATURE OF FUNERAL DIRECTOR 26c. **1445** LICENSE NUMBER

27. **Allen L. Jones** REGISTRAR'S SIGNATURE 28. **MAY 17 1995** DATE FILED (Month, Day, Year) 28d. **Allen L. Jones** SIGNATURE OF EMBALMER 28e. **1445** LICENSE NUMBER

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