

* 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

STATE OF INDIANA
LAKE COUNTY
FILED IN RECORD

Local No. 2832-98
264212

CERTIFICATE OF DEATH

State No.
2000 013094
2000 FEB 28 AM 9:06

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Irene M. Rudy		2 SEX Female	3a TIME OF DEATH 10:30P	3b DATE OF DEATH (Month, Day, Year) December 22, 1998
4 SOCIAL SECURITY NUMBER 338-10-3235	5a AGE—Last Birthday (Years) 88	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Sept. 15, 1910
7 BIRTHPLACE (City and State or Foreign Country) Calumet City, IL	8a WAS DECEDENT A U.S. VETERAN? No			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) Regency Place of Dyer		9b CITY, TOWN OR LOCATION OF DEATH Dyer	9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Widow	11 SURVIVING SPOUSE (If wife, give maiden name) ---	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b KIND OF BUSINESS/INDUSTRY Home	
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 6025 Hemlock Ave.	
13e ZIP CODE 46403	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 checked="" type="checkbox"/> No <input type="checkbox"/> 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+)		18 FATHER'S NAME (First, Middle, Last) Fred Camp		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Anastasia Lietzen		20a INFORMANT'S NAME (Type, Print) Terence Rudy		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8420 Northcote Munster, IN 46321		20c Relationship Son		
21a METHOD OF DISPOSITION <input checked="" 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) December 28, 1998 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, IN
22a EMBALMER'S NAME Kevin W. Kish		22b EMBALMER'S LICENSE NO. 1021590		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) 1021590		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac arrest, arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. CONDITIONS CONTRIBUTING TO DEATH (List only one on each line) DUE TO (OR AS A CONSEQUENCE OF) OCT 21 1999		CELEBRAL HEMORRHAGE DIABETES MELLITUS MULTI INFARCT DISEASE CHRONIC ATRIAL FIBRILLATION		Approximate Interval Between Onset and Death DAYS YEARS MONTHS MONTHS
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>[Signature]</i> LAKE COUNTY HEALTH DEPARTMENT		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>[Signature]</i>		29c MEDICAL LICENSE NO. 02007161
29d DATE SIGNED (Month, Day, Year) 12/23/98		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 3331 HAZARD AVE HAMMOND, IN 46327		
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> LAKE COUNTY HEALTH DEPARTMENT		32 DATE FILED (Month, Day, Year) December 28, 1998		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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		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.		34i		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Key #
45-154-7

SDH06-004 State Form 10110 (R4.3-93) Deathcer/PD 1
Ticor M.O. 920000326 Tkasz
Lots 718 & UAC South 20 Feet of Hemlock Ave
Link N and adjacent to Lots 718, Blk B
Johnson-Kennedy Estates and Sub

25x10