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

Local No. 419

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

June 13, 1995 — Date Issued — Hammond Health Commissioner

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

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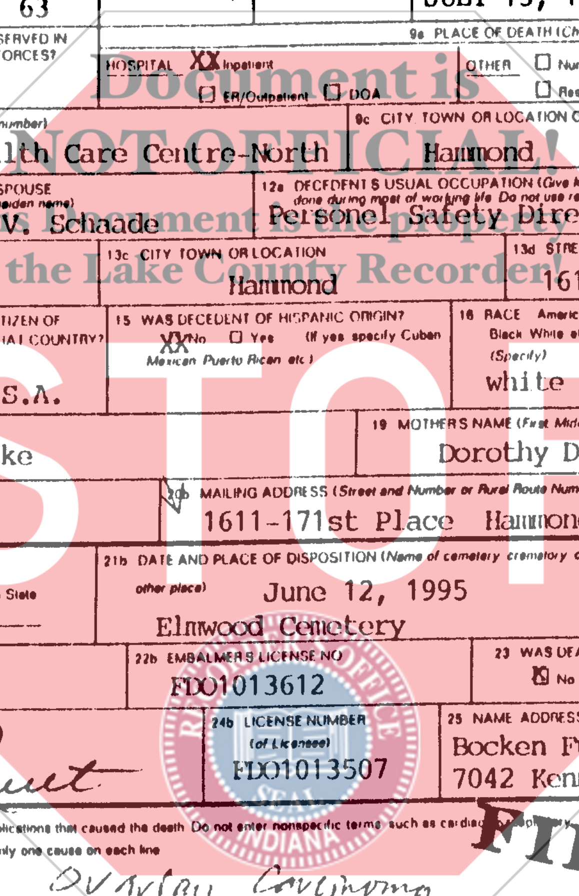
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DECEDENT

Field	Entry
1 DECEASED—NAME (First Middle Last)	Arlene D. Schaade
2 SEX	Female
3a TIME OF DEATH	8:54 a.m.
3b DATE OF DEATH (Month Day Yr)	June 9, 1995
4 SOCIAL SECURITY NUMBER	357-22-8400
5a AGE—Last Birthday (Years)	63
5b UNDER 1 YEAR (Months, Days)	
5c UNDER 1 DAY (Hours, Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	JULY 13, 1931
7 BIRTHPLACE (City and State or Foreign Country)	Chicago, Illinois
8a WAS DECEDENT A US VETERAN?	no
8b YEAR LAST SERVED IN US ARMED FORCES?	no
9a PLACE OF DEATH	HOSPITAL: XX Inpatient
9b FACILITY NAME	St. Margaret-Mercy Health Care Centre-North
9c CITY, TOWN OR LOCATION OF DEATH	Hammond
9d COUNTY OF DEATH	Lake
10 MARITAL STATUS	Married
11 SURVIVING SPOUSE	David V. Schaade
12a DECEDENT'S USUAL OCCUPATION	Personel Safety Director
12b KIND OF BUSINESS/INDUSTRY	Steel Machinery Trans
13a RESIDENCE—STATE	Indiana
13b COUNTY	Lake
13c CITY, TOWN OR LOCATION	Hammond
13d STREET AND NUMBER	1611-171st Place
13e ZIP CODE	46324
13f INSIDE CITY LIMITS	XX Yes
13g ON A FARM?	XX No
14 CITIZEN OF WHAT COUNTRY?	U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN?	XX No
16 RACE	white
17 DECEDENT'S EDUCATION	Elementary/Secondary (0-12): 12; College (1-4 or 5+): 2

PARENTS

Field	Entry
18 FATHER'S NAME	Joseph Pletzke
19 MOTHER'S NAME (First Middle Maiden Surname)	Dorothy Daniels

INFORMANT

Field	Entry
20a INFORMANT'S NAME	Mr. David V. Schaade
20b MAILING ADDRESS	1611-171st Place Hammond, IN 46324
20c Relationship	Wife

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	XX Burial
21b DATE AND PLACE OF DISPOSITION	June 12, 1995 Elmwood Cemetery
21c LOCATION—City or Town, State	Hammond, Indiana
22a EMBALMER'S NAME	William McCoy
22b EMBALMER'S LICENSE NO	FDO1013612
23 WAS DEATH REPORTED TO CORONER?	XX No
24a SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b LICENSE NUMBER (of Licensee)	FDO1013507
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	Bocken Funeral Home, Inc. FH83002801, 7042 Kennedy Ave. Hammond, IN 46323

CAUSE OF DEATH

28 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. Ovarian Carcinoma

DUE TO (OR AS A CONSEQUENCE OF): b.

DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

Approximate Interval Between Onset and Death

PART II. Other significant conditions:

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? no

28a WAS AUTOPSY PERFORMED? no

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? no

FILED MAR 01 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

CERTIFIER

29a CERTIFIER: ☒ 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 ☐ CORONER

29b SIGNATURE AND TITLE OF CERTIFIER: [signature]

29c MEDICAL LICENSE NO: 33507

29d DATE SIGNED: 6-12-95

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH: H. Mishoulam, M. D. 9725 Prairie Avenue, Highland, Indiana 46322

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature]

32 DATE FILED: June 13, 1995

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

34a DATE OF INJURY / 34b TIME OF INJURY / 34c INJURY AT WORK? / 34d DESCRIBE HOW INJURY OCCURRED / 34e PLACE OF INJURY / 34f LOCATION / 34g DATE PRONOUNCED DEAD / 34h MOTOR VEHICLE ACCIDENT?

2000 004731

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