* 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

Local No. 650710 ... 19359

State No. # 9-332-22

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): ANNE OPINKER

2 SEX: Female

3a TIME OF DEATH: 5:30 P M

3b DATE OF DEATH (Month Day Yr): March 13, 2000

4 *SOCIAL SECURITY NUMBER: 306-01-9867

5a AGE—Last Birthday (Years): 83

5b UNDER 1 YEAR (Months, Days):

5c UNDER 1 DAY (Hours, Minutes):

6 DATE OF BIRTH (Mo Day Yr): November 16, 1916

7 BIRTHPLACE (City and State or Foreign Country): East Chicago, Indiana

8a WAS DECEDENT A U S VETERAN?: No

8b YEAR LAST SERVED IN US ARMED FORCES?: --

9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number): Lutheran Home of Northwest Indiana

9c CITY, TOWN OR LOCATION OF DEATH: Crown Point

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Widowed

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: Own Home

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN OR LOCATION: Crown Point

13d STREET AND NUMBER: 1200 East Luther Drive

13e ZIP CODE: 46307

13f INSIDE CITY LIMITS: ☐ No ☒ Yes

13g ON A FARM?: ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY?: U.S.A.

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): 11; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First Middle Last): Peter Milosovich

19 MOTHER'S NAME (First Middle Maiden Surname): Mildred

INFORMANT

20a INFORMANT'S NAME (Type/Print): Jean Kish

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 319 Bluebird, Crown Point, IN 46307

20c Relationship: Daughter

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Entombment ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): March 16, 2000 Calumet Park Cemetery

21c LOCATION—City or Town, State: Merrillville, Indiana

22a EMBALMER'S NAME: Amy DeMunck

22b EMBALMER'S LICENSE NO: F129900059

23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: [signature]

24b LICENSE NUMBER (of Licensee): 1009893

25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: PRUZIN & LITTLE FUNERAL SERVICE #3001261, 811 E Franciscan Dr, Crown Point, IN 46307

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Respiratory Failure	Hours
DUE TO (OR AS A CONSEQUENCE OF) b	Chronic Obstructive Pulmonary Disease	Years
DUE TO (OR AS A CONSEQUENCE OF) c		
DUE TO (OR AS A CONSEQUENCE OF) d		

Conditions, if any, which gave rise to immediate cause, stating the underlying cause last.

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I: Anemia, Hypertension

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No

28a WAS AN AUTOPSY PERFORMED? (Yes or no):

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): no (circled)

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: J. A. Kacmar, M.D.

29c MEDICAL LICENSE NO: 01027088

29d DATE SIGNED (Month Day Year): 3/15/00

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print): Joseph Kacmar, M.D., 123 North Court Street, Crown Point

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander S. [signature] MD

32 DATE FILED (Month Day Year): March 15, 2000

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.:

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

Mail to: Jean Kish 319 BLUEBIRD AVE CR. POINT 46307

FILED

MAR 20 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

MAR 15 2000

STATE OF INDIANA LAKE COUNTY FILED

2000 018798