* **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. 1281-98

201742

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

State No. ....

2000 027591

2000 APR 27 PM 3:30

MORRIS W. CARTER RECORDER

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Value
1. DECEASED—NAME (First, Middle, Last)	Harold Roger O'Rourke
2. SEX	M
3a. TIME OF DEATH	9:30 P M
3b. DATE OF DEATH (Month Day Yr)	May 30, 1998
4. SOCIAL SECURITY NUMBER	312-18-2008
5a. AGE—Last Birthday (Years)	76
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo. Day Yr)	January 1997 1922
7. BIRTHPLACE (City and State or Foreign Country)	Clinton, Indiana
8a. WAS DECEDENT A U.S. VETERAN?	Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1946
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)	2500 Montgomery Street
9c. CITY, TOWN OR LOCATION OF DEATH	Lake Station
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Widower
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)	Police Officer
12b. KIND OF BUSINESS/INDUSTRY	Law Enforcement
13a. RESIDENCE—STATE	IN
13b. COUNTY	Lake
13c. CITY, TOWN OR LOCATION	Lake STation
13d. STREET AND NUMBER	2500 Montgomery
13e. ZIP CODE	46405
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM?	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12

PARENTS

Field	Value
18. FATHER'S NAME (First, Middle, Last)	Harold O'Rourke
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Mildred O'Rourke

INFORMANT

Field	Value
20a. INFORMANT'S NAME (Type/Print)	Henry Whitten
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	2500 Montgomery St. Lake Station, IN
20c. Relationship	Family

DISPOSITION

FRANCES ROWAN

Field	Value
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	June 3rd 1998 Calvary Cemetery
21c. LOCATION—City or Town, State	Portage, Indiana
22a. EMBALMER'S NAME	Chris Podgorski
22b. EMBALMER'S LICENSE NO.	FD29300030
23. WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FD29300030
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Christopher Funeral HOmeFH1950002 1307 Central AVe. LakeSTation, IN

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.	CHF	
DUE TO (OR AS A CONSEQUENCE OF) b.	ASCVD	
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

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

Field	Value
PART II Other significant conditions. Conditions contributing to death but not previously stated in Part I	
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)	N/A

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.

Field	Value
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	01034378
29d. DATE SIGNED (Month Day Year)	06.03.98
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	ARSHAD P. MALIK, M.D. 8560 BROADWAY, MERRILLVILLE, IN

HEALTH OFFICER

Field	Value
31. HEALTH OFFICER'S SIGNATURE	Alexander S. Williams, MD
32. DATE FILED (Month Day Year)	June 3, 1998

FILED

Field	Value
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...	

APR 27 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

1636

9.00 E.P. CS

Lake Station Add N½ Lot 1 Block 4 Unit # 14 Key # 20-59-1

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

RECORDER'S OFFICE LAKE COUNTY INDIANA