[redacted]

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

July 23,1996 [signature] Hammond Health Commissione
Date Issued

* **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. 582

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

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) | 2 SEX | 3a TIME OF DEATH | 3b DATE OF DEATH (Month Day Yr) |
|---|---|---|---|
| VIRGINIA M. LUSH | FEMALE | 4:05 PM | JULY 17, 1996 |

| 4 *SOCIAL SECURITY NUMBER | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo Day Yr) | 7 BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 310-18-2999 | 76 | | | APRIL 8, 1920 | EAST CHICAGO, INDIANA |

| 8a WAS DECEDENT A U S VETERAN? | 8b YEAR LAST SERVED IN U S ARMED FORCES? | 9a PLACE OF DEATH (Check only one See instructions) |
|---|---|---|
| no | no | HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) XX Residence |

| 9b FACILITY NAME (If not institution give street and number) | 9c CITY TOWN OR LOCATION OF DEATH | 9d COUNTY OF DEATH |
|---|---|---|
| Residence: 7551 Woodmar Avenue | Hammond | Lake |

| 10 MARITAL STATUS (Specify) | 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) | 12b KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Married | Thomas B. Lush | Homemaker | Own Home |

| 13a RESIDENCE—STATE | 13b COUNTY | 13c CITY TOWN OR LOCATION | 13d STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Hammond | 7551 Woodmar Avenue |

| 13e ZIP CODE | 13f INSIDE CITY LIMITS | 13g ON A FARM? | 14 CITIZEN OF WHAT COUNTRY? | 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban Mexican Puerto Rican etc) | 16 RACE—American Indian Black White etc (Specify) | 17 DECEDENT S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|---|---|---|---|
| 46323 | ☐ No XX Yes | XX No ☐ Yes | U.S.A. | XX No ☐ Yes | white | Elementary/Secondary (0 12) 12 | College (1 4 or 5 +) 2 |

**PARENTS**

| 18 FATHERS NAME (First Middle Last) | 19 MOTHERS NAME (First Middle Maiden Surname) |
|---|---|
| Matthew Grabski | Josephine Zgorek |

**INFORMANT**

| 20a INFORMANT S NAME (Type Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) | 20c Relationship |
|---|---|---|
| Mr. Thomas B. Lush | 7551 Woodmar Ave. Hammond, IN 46323 | Husband |

**DISPOSITION**

| 21a METHOD OF DISPOSITION | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) | 21c LOCATION—City or Town State |
|---|---|---|
| XX Entombment ☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) | July 20, 1996 Chapel Lawn Memorial Gardens | Schererville, Indiana |

| 22a EMBALMER S NAME | 22b EMBALMER S LICENSE NO | 23 WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| David McCoy | FD08700581 | XX No ☐ Yes |

| 24a SIGNATURE OF FUNERAL DIRECTOR | 24b LICENSE NUMBER (of Licensee) | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| [signature] | FD01013507 | Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Ave. Hammond, IN 46323 |

**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 Acute Myocardial infarction

DUE TO (OR AS A CONSEQUENCE OF)
b Ruptured thoracic Coronary Artery dissection

Conditions if any which gave rise to the immediate cause stating the underlying cause
DUE TO (OR AS A CONSEQUENCE OF)
c Renal failure Diabetes Mellitus

DUE TO (OR AS A CONSEQUENCE OF)
d Lupus Erythematosis

FILED

PART II Other significant conditions Conditions contributing to death but not previously stated in Part I

MAY 01 2000

| 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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 | no | no |

**CERTIFIER** (Check only one)

PETER BENJAMIN
LAKE COUNTY AUDITOR

☐ CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) as stated
☐ MEDICAL EXAMINER 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 | 29c MEDICAL LICENSE NO | 29d DATE SIGNED (Month Day Year) |
|---|---|---|
| [signature] | | July 18, 1996 |

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print)
Wahbi Adad, M.D. 8320 Kennedy Ave. Highland, IN 46322

**HEALTH OFFICER**

| 31 HEALTH OFFICERS SIGNATURE | 32 DATE FILED (Month Day Year) |
|---|---|
| [signature] Robert J. Brama M.D. | JUL 22 1996 |

| 33 MANNER OF DEATH | 34a DATE OF INJURY (Month Day Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 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 |
|---|---|
| | 00659 |

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