

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH STATE OF INDIANA

Local No. 2796-94

LAKE COUNTY

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Thelma L. Lange
2 SEX Female
3a TIME OF DEATH 2:15 AM
3b DATE OF DEATH (Month, Day, Year) October 28, 1994
4 SOCIAL SECURITY NUMBER 313-20-8869
5a YEAR LAST SERVED IN U.S. ARMED FORCES? None
5b PLACE OF DEATH (Check only one) HOSPITAL

DECEDENT

6a WAS DECEDENT A U.S. VETERAN? NO
6b YEAR LAST SERVED IN U.S. ARMED FORCES? None
6c PLACE OF DEATH (Check only one) HOSPITAL
7a FACILITY NAME (If not institution, give street and number) St. Anthony Hospital
7b CITY, TOWN OR LOCATION OF DEATH Crown Point
7c COUNTY OF DEATH Lake

10 MARITAL STATUS (Specify) Married
11 SURVIVING SPOUSE (If wife, give maiden name) Ralph H. Lange
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life) Homemaker
12b KIND OF BUSINESS/INDUSTRY Own Home

13a RESIDENCE—STATE Indiana
13b COUNTY Lake
13c CITY, TOWN OR LOCATION Griffith
13d STREET AND NUMBER 722 North Rensselaer

PARENTS

13e ZIP CODE 46319
13f INSIDE CITY LIMITS? No
13g ON A FARM? No
14 CITIZEN OF WHAT COUNTRY? U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? No
16 RACE—American Indian, Black, White, etc. White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12

INFORMANT

18 FATHER'S NAME (First, Middle, Last) Lafayette Shaw
19 MOTHER'S NAME (First, Middle, Maiden Surname) Blanche Steinsultz
20a INFORMANT'S NAME (Type/Print) Laura De St. Jean
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 723 N. Lafayette, Griffith, IN
20c Relationship Daughter

DISPOSITION

21a METHOD OF DISPOSITION Bury
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) October 31, 1994 Chapel Lawn Memorial Garden Schererville, IN
21c LOCATION—(City or Town, State) Schererville, IN

CAUSE OF DEATH

22a EMBALMER'S NAME James Porras
22b EMBALMER'S LICENSE NO. 1045964
23 HAS DEATH REPORTED TO CORONER? No
24a SIGNATURE OF FUNERAL DIRECTOR Thomas J. Burns
24b LICENSE NUMBER (of Licensee) 1045184
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kiss Funeral Homes #8000135 921 West 45th Griffith, Indiana 46319

26. PART I Enter the diseases, wounds, or conditions 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 from the immediate cause) Acute Renal failure
DUE TO (OR AS A CONSEQUENCE OF) Chronic renal insufficiency
DEATH ON FILE WITH THE LAKE COUNTY HEALTH OFFICER MAY 03 2000

FILED

MAY 12 2000

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? NO
28a. WAS AN AUTOPSY PERFORMED? NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NO
29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN
29b. SIGNATURE AND TITLE OF CERTIFIER V.R. Gandra
29c. MEDICAL LICENSE NO. 29999
29d. DATE SIGNED (Month, Day, Year) October 31, 1994

PETER BENJAMIN LAKE COUNTY AUDITOR

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) V.R. Gandra 297 Franciscan Lane, Suite 204, Crown Point, Indiana 46307
31. HEALTH OFFICER'S SIGNATURE Alexander D. Williams, M.D.
32. DATE FILED (Month, Day, Year) (October) 31, 1994

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
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.

900 ER CS