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

INDIANA LAKE COUNTY FILED FOR RECORD MORRIS W. CORTEN

Local No. 2971-99 State No. #14164-18

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Daniel E. Mishler 9620 029974
2. SEX: Male
3a TIME OF DEATH: 5:45 PM
3b DATE OF DEATH (Month, Day, Yr): M. Dec. 25, 1999
4 SOCIAL SECURITY NUMBER: 323-18-6614
5a AGE—Last Birthday (Years): 77
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo Day Yr): Oct. 4, 1922
7 BIRTHPLACE (City and State or Foreign Country): Chicago, Il.
8a WAS DECEDENT A US VETERAN?: Yes
8b YEAR LAST SERVED IN US ARMED FORCES?: July 31, 1953
9a PLACE OF DEATH (Check only one See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution, give street and number): Community Hospital
9c CITY, TOWN OR LOCATION OF DEATH: Munster
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife give maiden name): Dorothy Dudzik
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Inspector
12b KIND OF BUSINESS/INDUSTRY: Food & Drug Admin.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Dyer
13d STREET AND NUMBER: 43 Lilac Dr.
13e ZIP CODE: 46311
13f INSIDE CITY LIMITS: [ ] No [X] 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): 12; College (1-4 or 5 +): 2

PARENTS

18 FATHER'S NAME (First, Middle, Last): Daniel E. Mishler
19 MOTHER'S NAME (First, Middle, Maiden, Surname): Pelagia Milewska

INFORMANT

20a INFORMANT'S NAME (Type/Print): Dave Mishler
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1402 Madison Av. DyerIn.46311
20c Relationship: Son

DISPOSITION

21a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Entombment [ ] Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory, or other place): Jan. 5, 2000 Assumption Cemetery
21c LOCATION—City or Town, State: Glenwood, Il.
22a EMBALMER'S NAME: Kent Anderson
22b EMBALMER'S LICENSE NO: Il. 034-011734
23 WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a SIGNATURE OF FUNERAL DIRECTOR
24b LICENSE NUMBER (of Licensee): FD29800086
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Burns Kish F.H. for Rosemoor F.H. 3002819; 5842 Hohman Av.-17943 S. Torrence Av. Hammond, In. 46320-Lansing, Il. 60438

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 congestive heart fa. HCC — minutes
DUE TO (OR AS A CONSEQUENCE OF)
b. Asymmetric hypertrophic cardiomyopathy — Years
DUE TO (OR AS A CONSEQUENCE OF)

Conditions if any which gave rise to the immediate cause stating the underlying cause last
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

signature only

I HEREBY ATTEST THAT THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

DEC 30 1999

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I
Severe coronary arterio sclerosis
hypertension

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no
28a WAS AN AUTOPSY PERFORMED? (Yes or no): Yes
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or no): Yes

Alexander S. Williams, M.D.
LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

29a CERTIFIER (Check only one):
[X] 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
29c MEDICAL LICENSE NO: 01048374
29d DATE SIGNED (Month, Day, Year): 12-28-99

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): James Bryant MD 105 W Adams #3100 Chicago Ill. 60603

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, M.D.
FILED
32 DATE FILED (Month, Day, Year): December 30, 1999

33 MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a DATE OF INJURY (Month, Day, Year): MAY 03 2000
34b TIME OF INJURY: 00680
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): 9.08 p.
PETER BENJAMIN LAKE COUNTY AUDITOR
34g DATE PRONOUNCED DEAD (Month, Day, Year):
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian: CS

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