

2cc + vet  
H-620001463LD

\* 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

Local No. 1680-99

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

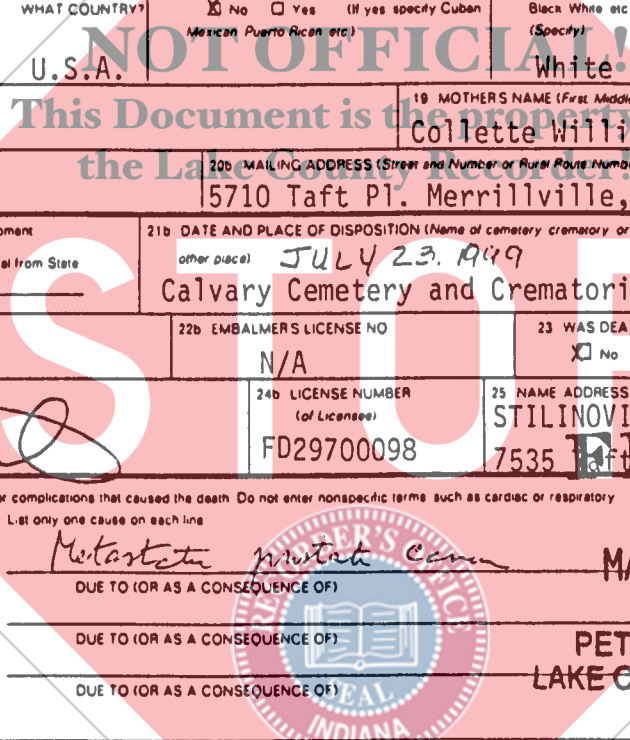
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) ARTHUR B. REIS, JR.				2 SEX MALE	3a TIME OF DEATH 2:10 P.M.	3b DATE OF DEATH (Month Day Yr) JULY 18, 1999
4 *SOCIAL SECURITY NUMBER 460-18-0578	5a AGE—Last Birthday (Year) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) January 8, 1918	7 BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1947	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9b FACILITY NAME (If not institution give street and number) 5710 Taft Place			9c CITY TOWN OR LOCATION OF DEATH Merrillville		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Charlotte Kleine	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Mechanical Engineer		12b KIND OF BUSINESS/INDUSTRY Engineering		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Merrillville		13d STREET AND NUMBER 5710 Taft Place		
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc.)	16 RACE—American Indian Black White etc (Specify) White	17 DECEDENT'S EDUCATION (Specify and highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4+
18 FATHER'S NAME (First Middle Last) Arthur Reis			19 MOTHER'S NAME (First Middle Maiden Surname) Collette Williams			
20a INFORMANT'S NAME (Type/Print) Charlotte Reis			20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 5710 Taft Pl. Merrillville, IN 46410		20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) JULY 23, 1999 Calvary Cemetery and Crematorium		21c LOCATION—City or Town, State Portage, Indiana		
22a EMBALMER'S NAME N/A		22b EMBALMER'S LICENSE NO. N/A		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FD29700098		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME STILINOVICH & WIATROLIK FH83004455 7535 Taft St. Merrillville, IN 46410		
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 IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic prostate cancer MAY 17 2000 DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST PETER BENJAMIN LAKE COUNTY AUDITOR						
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) NO
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) as stated <input type="checkbox"/> 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 <input type="checkbox"/> 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 P. T. M.D.		29c MEDICAL LICENSE NO. 01031667	29d DATE SIGNED (Month Day Year) 7/20/99	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Pimpa J. Tara, M.D. 8127 Merrillville Road Merrillville, IN 46410 219-769-4855						
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>					32 DATE FILED (Month Day Year) July 30, 1999	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED HEALTH OFFICER'S OFFICE	
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) 62091			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc LAKE COUNTY HEALTH COMMISSION				



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FILED

Chicago Title Insurance Company  
Plat Book 31 Pg 530  
Book 140  
Lot 19 Blk 3 Bond Ave Sub Unit one Plat Book 31 Pg 140