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

Local No. 334

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

April 19, 2000 — Date Issued — Franklin D. Bermudez — Hammond Health Commission

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): William Walter Herbert
- 2. SEX: Male
- 3a. TIME OF DEATH: 11:23PM
- 3b. DATE OF DEATH (Month Day Yr): April 15, 2000
- 4. SOCIAL SECURITY NUMBER: 355-12-1749
- 5a. AGE - Last Birthday (Years): 2000 010136
- 5b. UNDER 1 YEAR (Months, Days):
- 5c. UNDER 1 DAY (Hours, Minutes):
- 6. DATE OF BIRTH (Mo Day Yr): January 13, 1926
- 7. BIRTHPLACE (City and State or Foreign Country): Chicago, IL
- 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): 3027 Cleveland Street
- 9c. CITY TOWN OR LOCATION OF DEATH: Hammond
- 9d. COUNTY OF DEATH: Lake
- 10. MARITAL STATUS (Specify): Married
- 11. SURVIVING SPOUSE (If wife, give maiden name): Clare Donovan
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Accounting Clerk
- 12b. KIND OF BUSINESS INDUSTRY: Petroleum Manufacturing
- 13a. RESIDENCE - STATE: Indiana
- 13b. COUNTY: Lake
- 13c. CITY TOWN OR LOCATION: Hammond
- 13d. STREET AND NUMBER: 3027 Cleveland Street
- 13e. ZIP CODE: 46323
- 13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
- 13g. ON A FARM: ☒ No ☐ Yes
- 14. CITIZEN OF WHAT COUNTRY?: USA
- 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+):

PARENTS

- 18. FATHER'S NAME (First, Middle, Last): Francis E. Herbert
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth Haney

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): Clare Herbert
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1449 Fred St., Whiting, IN 46394
- 20c. Relationship: Wife

DISPOSITION

- 21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): April 19, 2000 St. John/St. Joseph Cemetery
- 21c. LOCATION - City or Town State: Hammond, Indiana
- 22a. EMBALMER'S NAME: Henry A. Gray
- 22b. EMBALMER'S LICENSE NO.: FD29900123
- 23. WAS DEATH REPORTED TO CORONER?: ☐ No ☒ Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
- 24b. LICENSE NUMBER (of Licensee): FDE8900006
- 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: FH19900009 Virgil Huber Funeral Home 7051 Kennedy Av., 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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Cardio pulmonary Arrest	Seconds
b. DUE TO (OR AS A CONSEQUENCE OF)	Myocardial Infarction	Minutes
c. DUE TO (OR AS A CONSEQUENCE OF)	Coronary Artery Disease	Years
d. DUE TO (OR AS A CONSEQUENCE OF)		

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

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

FILED JUN 02 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

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
- 29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
- 29c. MEDICAL LICENSE NO: 02000872
- 29d. DATE SIGNED (Month Day Year): 4/18/00 April
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. John A. Hoehn D.O., 505 West Lincoln Hwy, Schereville, IN 46375

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: Franklin D. Bermudez M.D.
- 32. DATE FILED (Month Day Year): April 19, 2000

00161

- 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): 9.0 / ju
- 34g. DATE PRONOUNCED DEAD (Month, Day, Year):
- 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc: 101926

Clare Herbert 3027 Cleveland St. Hammond In. 46323

SDH06-004 State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1