* 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.

2000-043531 Key NO. 15-26-209-9

Local No. 2059-96

INDIANA STATE DEPARTMENT OF HEALTH

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

1. DECEASED—NAME (First, Middle, Last): Elizabeth A. Santay
2. SEX: Female
3a. TIME OF DEATH: 11:00 P.M.
3b. DATE OF DEATH (Month, Day, Yr.): May 30, 1996
4. *SOCIAL SECURITY NUMBER: 309-34-6348
5a. AGE—Last Birthday (Years): 62
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): Dec. 26, 1933
7. BIRTHPLACE (City and State or Foreign Country): Mc Gregor, Iowa
8a. WAS DECEDENT A U.S. VETERAN?: NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
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): 738 N. Raymond
9c. CITY, TOWN, OR LOCATION OF DEATH: Griffith
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Robert Santay
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Manager - Cafeteria
12b. KIND OF BUSINESS/INDUSTRY: School System
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Griffith
13d. STREET AND NUMBER: 738 N. Raymond
13e. ZIP CODE: 46319
13f. INSIDE CITY LIMITS: ☐ No ☒ 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+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Marsellus Frommelt
19. MOTHER'S NAME (First, Middle, Maiden Surname): Pearl O'Brien

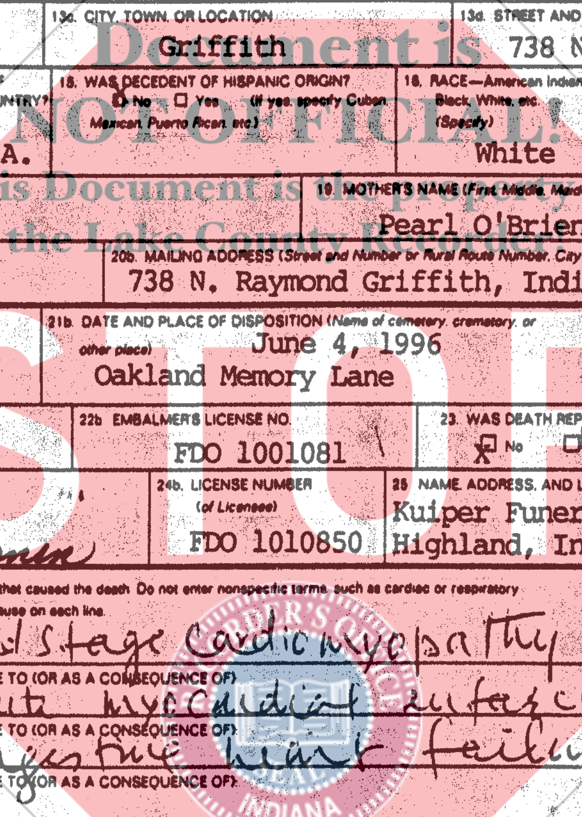
INFORMANT

20a. INFORMANT'S NAME (Type/Print): Robert Santay
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 738 N. Raymond Griffith, Indiana
20c. Relationship: Husband

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): June 4, 1996 Oakland Memory Lane
21c. LOCATION (City or Town, State): Dolton, Illinois
22a. EMBALMER'S NAME: Ronald A. Reed
22b. EMBALMER'S LICENSE NO.: FDO 1001081
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: James [signature]
24b. LICENSE NUMBER (of Licensee): FDO 1010850
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana FH83007500

FILED JUN 21 2000 PETER BENJAMIN LAKE COUNTY AUDITOR



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

a. end stage cardiomyopathy
b. DUE TO (OR AS A CONSEQUENCE OF): Acute myocardial infarction
c. DUE TO (OR AS A CONSEQUENCE OF): congestive heart failure.
d. DUE TO (OR AS A CONSEQUENCE OF):

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

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT JUN 04 1996

Alexander S. Williams, MD
LAKE COUNTY HEALTH COMMISSIONER

PART II. Other significant 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): —

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.: 01038+BC
29d. DATE SIGNED (Month, Day, Year): 6/4/96
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Shah 3100 45th Highland INDIANA 46322

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams M.D.
32. DATE FILED (Month, Day, Year): June 4, 1996
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):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

9.00 Jan
C2008 CASH

Robert Santay 1241 N. Arbogast St. Griffin In. 46319

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