

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

Key 16-27-0216-0015

CERTIFICATE OF DEATH

State No. ....

Local No. 0343-98

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

42489  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Ruth M. Jarmula		2. SEX Female	3. TIME OF DEATH 3:45 A M	3b. DATE OF DEATH (Month, Day, Yr) February 17, 1998	
4. SOCIAL SECURITY NUMBER 320-18-52972000		4a. AGE (at Death) 82	5. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) February 26, 1915		7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois			
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Northlake Nursing & Rehabilitation Center		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) Edward J. Jarmula	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b. KIND OF BUSINESS/INDUSTRY Own Home		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Highland	13d. STREET AND NUMBER 8206 Sycamore		
13e. ZIP CODE 46322	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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	
18. FATHER'S NAME (First, Middle, Last) Joseph Kessler		19. MOTHER'S NAME (First, Middle, Maiden Surname) Alma Nebeker			
20a. INFORMANT'S NAME (Type/Print) Edward J. Jarmula		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8206 Sycamore; Highland, IN 46322	20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <input 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) February 19, 1998 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, IN	
22a. EMBALMERS NAME Henry Blake		22b. EMBALMER'S LICENSE NO. FDO1019406	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) FDO1006015	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Home FH83003035 2828 Highway Ave; Highland, IN 46322		
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 (The disease or condition resulting in death) FEB 18 1998 <i>arteriosclerotic cerebrovascular disease</i> DUE TO (OR AS A CONSEQUENCE OF) <i>Recurrent Cerebrovascular accident</i> CONDITIONS CONTRIBUTING TO THE IMMEDIATE CAUSE (The underlying cause or causes stating the underlying cause last) <i>Arteriosclerotic cerebrovascular disease</i> DUE TO (OR AS A CONSEQUENCE OF) <i>arteriosclerotic cerebrovascular disease</i>					
PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I. <i>Repeated C.I. bleeding</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)					
29. 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 <i>[Signature]</i> MD (TM)		29c. MEDICAL LICENSE NO. IN 25043	29d. DATE SIGNED (Month, Day, Year) 2/18/98		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Alexander S. Williams, MD</i> 8300 BROADWAY, Merrillville					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>				32. DATE FILED (Month, Day, Year) February 18, 1998	
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
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 P.M. 02011 P.O. Box 488 Hobart, IN 46342-3161 <i>Kees Funeral Home</i>			

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LAKE COUNTY AUDITOR  
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