18cc

* 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.

Local No. 1178-00

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. #15-88-9

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) | 2 SEX | 3a TIME OF DEATH | 3b DATE OF DEATH (Month, Day, Yr) |
|---|---|---|---|
| WALTER W. VICKROY | Male | 8:21 AM | May 15, 2000 |

| 4 SOCIAL SECURITY NUMBER | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months / Days | 5c UNDER 1 DAY Hours / Minutes | 6 DATE OF BIRTH (Mo. Day. Yr) | 7 BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| 313-12-6773 | 79 | | | November 8, 1920 | Gary, Indiana |

| 8a WAS DECEDENT A U.S. VETERAN? | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a PLACE OF DEATH (Check only one. See instructions) |
|---|---|---|
| Yes | 1946 | HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence |

| 9b FACILITY NAME (If not institution, give street and number) | 9c CITY, TOWN OR LOCATION OF DEATH | 9d COUNTY OF DEATH |
|---|---|---|
| Methodist Hospital Southlake Campus | Merrillville | Lake |

| 10 MARITAL STATUS (Specify) | 11 SURVIVING SPOUSE (If wife, give maiden name) | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 12b KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Married | Ruth L. Fogle | Owner/Operator | Service Station |

| 13a RESIDENCE—STATE | 13b COUNTY | 13c CITY, TOWN OR LOCATION | 13d STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Merrillville | 7518 Marshall Street |

| 13e ZIP CODE | 13f INSIDE CITY LIMITS | 13g ON A FARM? | 14 CITIZEN OF WHAT COUNTRY? | 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 16 RACE—American Indian, Black, White, etc. (Specify) | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | College (1-4 or 5+) |
|---|---|---|---|---|---|---|---|
| 46410 | ☐ No ☒ Yes | ☒ No ☐ Yes | U.S.A. | ☒ No ☐ Yes | White | 12 | |

**PARENTS**

| 18 FATHER'S NAME (First, Middle, Last) | 19 MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| Walter Vickroy | Mary King |

**INFORMANT**

| 20a INFORMANT'S NAME (Type/Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 20c Relationship |
|---|---|---|
| Ruth L. Vickroy | 7518 Marshall Street, Merrillville, Indiana 46410 | Wife |

**DISPOSITION**

| 21a METHOD OF DISPOSITION | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 21c LOCATION—City or Town, State |
|---|---|---|
| ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify) | May 18, 2000 Calumet Park Cemetery | Merrillville, Indiana |

| 22a EMBALMER'S NAME | 22b EMBALMER'S LICENSE NO | 23 WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| Alexis Thanos | FD08600505 | ☐ No ☒ Yes |

| 24a SIGNATURE OF FUNERAL DIRECTOR | 24b LICENSE NUMBER (of Licensee) | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| Alexis Thanos | FD08600505 | Geisen Funeral Home, Inc., #FH83007762 7905 Broadway, Merrillville, IN 46410 |

**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. Respiratory Failure | |
| Conditions if any which gave rise to the immediate cause, stating the underlying cause last | b. DUE TO (OR AS A CONSEQUENCE OF): Right Leg Fractures. | |
| | c. DUE TO (OR AS A CONSEQUENCE OF): | |
| | d. | |

FILED MAY 18 2000 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) | 28a WAS AN AUTOPSY PERFORMED? (Yes or no) | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|
| No | No | 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 | 29c MEDICAL LICENSE NO | 29d DATE SIGNED (Month, Day, Year) |
|---|---|---|
| Nazzal Obaid MD | 01028410 | May 17, 2000 |

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Nazzal Obaid, M.D., 8895 Broadway, Merrillville, Indiana 46410

**HEALTH OFFICER**

31 HEALTH OFFICER'S SIGNATURE Alexander Dillman MD

32 DATE FILED (Month, Day, Year) May 18, 2000

THIS CERTIFIES THE ABOVE INFORMATION IS ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

| 33 MANNER OF DEATH | 34a DATE OF INJURY (Month, Day, Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Pending investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 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) |
|---|---|
| | MAY 18 2000 |

| 34g DATE PRONOUNCED DEAD (Month, Day, Year) | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian |
|---|---|
| | Alexander Dillman MD LAKE COUNTY HEALTH OFFICER |

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