\#32-42-34,35,33 R

* 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

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

DEC 2 1999 — Date Issued — Hammond Health Commissioner

Local No. 457 2000 058299

CERTIFICATE OF DEATH

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): SAMUEL A. McPHERON
2 SEX: Male
3a TIME OF DEATH: 8:40 PM
3b DATE OF DEATH (Month Day Yr): June 7, 1998
4 *SOCIAL SECURITY NUMBER: 304-14-6068
5a AGE—Last Birthday (Years): 80
5b UNDER 1 YEAR (Months, Days):
5c UNDER 1 DAY (Hours, Minutes):
6 DATE OF BIRTH (Mo Day Yr): September 22, 1917
7 BIRTHPLACE (City and State or Foreign Country): Somerset, Kentucky
8a WAS DECEDENT A U S VETERAN?: Yes
8b YEAR LAST SERVED IN US ARMED FORCES?: 1945
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): 4228 Torrence Ave.,
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): Ilo M. Hapner
12a DECEDENT S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Jeep Repairman
12b KIND OF BUSINESS/INDUSTRY: Ford Motor Co.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY TOWN OR LOCATION: Hammond
13d STREET AND NUMBER: 4228 Torrence Ave.,
13e ZIP CODE: 46327
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? (If yes specify Cuban, Mexican, Puerto Rican etc): ☒ No ☐ Yes
16 RACE—American Indian, Black, White etc (Specify): White
17 DECEDENT S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8th; College (1-4 or 5+):

PARENTS

18 FATHER S NAME (First Middle Last): Herbert McPheron
19 MOTHER S NAME (First Middle Maiden Surname): Lola Rexroat

INFORMANT

20a INFORMANT S NAME (Type/Print): Ilo M. McPheron
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4228 Torrence Ave., Hammond, IN. 46327
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): June 10, 1998 Chapel Lawn Memorial Gardens
21c LOCATION (City or Town, State): Schererville, IN.
22a EMBALMER S NAME: Henry Blake
22b EMBALMER S LICENSE NO: FD 01019406
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: Eldon V. LaHayne
24b LICENSE NUMBER (of Licensee): FD 01041928
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: LaHayne Funeral Home, Inc. FH8300288 5746 Hohman Ave., Hammond, IN. 46320

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. Severe Congestive Heart Failure
DUE TO (OR AS A CONSEQUENCE OF) b. Dilated Cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF) c. Sever Mitral Regurgitation
DUE TO (OR AS A CONSEQUENCE OF) d.

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: Severe peripheral Vascular disease; Progressive Renal Insufficiency

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

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] MD
29c MEDICAL LICENSE NO: 01040667
29d DATE SIGNED (Month Day Year): 6/8/98
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Shashikkar Divakaruni, M.D., 7905 Calumet Ave, Munster, IN 46321

HEALTH OFFICER

31 HEALTH OFFICER S SIGNATURE: [signature] M.D.
32 DATE FILED (Month Day Year): June 9, 1998

33 MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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:

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

C.S. 9.00 Ac

Official Stamp

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 058297

2000 AUG 15 AM 10:06

MORRIS W. CARTER
RECORDER

Document Mail Back to Information Sheet

This is where you want the recorded document sent back to when it has completed the recording process.

Name Ilo M McPheron

Address 4228 Torrence Ave.

City St Zip Hammond In 46327

Telephone (219) 933-0878

Signature Printed Ilo M McPheron

Signature Written Ilo M McPheron

Date of Signature 8/15/00

Check Number

Check Amount Cash $9.00

Office Use Only

Check Equals Amount Due ☐ Yes ☐ No

Total

Initials AC