H6200003680

* 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

CERTIFICATE OF DEATH

Local No. 0072-00 — State No. ....

265778

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 Deceased—Name (First, Middle, Last)	Florence C. Hoffman
2 Sex	Female
3a Time of Death	5:29 P.M.
3b Date of Death	January 10, 2000
4 Social Security Number	307-16-1683
5a Age—Last Birthday (Years)	82
5b Under 1 Year (Months, Days)	
5c Under 1 Day (Hours, Minutes)	
6 Date of Birth	Jan. 31, 1917
7 Birthplace	Schererville, Indiana
8a Was Decedent a U.S. Veteran?	No
8b Year Last Served in U.S. Armed Forces?	N/A
9a Place of Death	Other: ☒ Residence
9b Facility Name	421 North Indiana St.
9c City, Town, or Location of Death	Griffith
9d County of Death	Lake
10 Marital Status	Widowed
11 Surviving Spouse	N/A
12a Decedent's Usual Occupation	Home Maker
12b Kind of Business/Industry	Own Home
13a Residence—State	Indiana
13b County	Lake
13c City, Town or Location	Griffith
13d Street and Number	421 North Indiana St.
13e Zip Code	46319
13f Inside City Limits	☒ Yes
13g On a Farm?	☒ No
14 Citizen of What Country?	U.S.A.
15 Was Decedent of Hispanic Origin?	☒ No
16 Race	White
17 Decedent's Education (Elementary/Secondary 0-12)	8

PARENTS

Field	Entry
18 Father's Name	William Hilbrich
19 Mother's Name (Maiden Surname)	Elizabeth Steuer

INFORMANT

Field	Entry
20a Informant's Name	Donald R. Hoffman
20b Mailing Address	347 N. Harvey St., Griffith, Ind., 46319
20c Relationship	Son

DISPOSITION

Field	Entry
21a Method of Disposition	☒ Burial
21b Date and Place of Disposition	January 14, 2000, Chapel Lawn Cemetery
21c Location—City or Town, State	Schererville, Indiana
22a Embalmer's Name	Ronald A. Reed
22b Embalmer's License No	FDO 1001081
23 Was Death Reported to Coroner?	☒ No
24a Signature of Funeral Director	[signature] Kuyper
24b License Number	FDO 1014511
25 Name, Address, and License Number of Funeral Home	Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 83007500

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.

Immediate cause (Final disease or condition resulting in death):
a. Acute hypoxic encephalopathy
b. Due to (or as a consequence of): congestive heart failure
c. Due to (or as a consequence of): chronic obstructive pulmonary disease
d. Due to (or as a consequence of): chronic Atrial fibrillation

PART II. Other significant conditions:

Field	Entry
27 Was decedent pregnant or 90 days postpartum?	no
28a Was an autopsy performed?	no
28b Were autopsy findings available prior to completion of cause of death?	no

CERTIFIER

29a Certifier: ☒ Certifying Physician — To the best of my knowledge, death occurred at the time, date, and place... ☐ 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.

Field	Entry
29b Signature and Title of Certifier	[signature] David Foreit, M.D.
29c Medical License No	02001522
29d Date Signed	1/11/00
30 Name and Address of Person Who Completed Cause of Death	1575 N. Cline Ave Griffith In. 46319

HEALTH OFFICER

Field	Entry
31 Health Officer's Signature	[signature] Alexander S. Williams M.D.
32 Date Filed	Jan 12, 2000

33 Manner of Death: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

34a Date of Injury — 34b Time of Injury — 34c Injury at Work? — 34d Describe How Injury Occurred — 34e Place of Injury — 34f Location — 34g Date Pronounced Dead — 34h Motor Vehicle Accident?

FILED SEP 19 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

2000 068491

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. 01107 JAN 14 2000

[signature] Alexander S. Williams M.D. LAKE COUNTY HEALTH COMMISSIONER

26-116-10

9.00 AC

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