

\* 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

State No. ....

Local No. 216897

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

204939  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEASED Chicago Title Insurance Company  
PARENTS  
INFORMANT

DISPOSITION  
CAUSE OF DEATH  
CERTIFIER  
HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>Kathryn Ritsema</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>2:45 P.M.</b>	3b DATE OF DEATH (Month, Day, Yr.) <b>October 18, 1997</b>	
4 *SOCIAL SECURITY NUMBER <b>355-14-2792</b>	5a AGE—Last Birthday (Years) <b>73</b>	5b UNDER 1 YEAR Months Days <b>3 3 5</b>	5c UNDER 1 DAY Hours Minutes <b>7 56</b>	6 DATE OF BIRTH (Mo, Day, Yr.) <b>Aug. 28, 1925</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago Heights, IL.</b>	8a WAS DECEASED A U.S. VETERAN? <b>NO</b>	8b WAS DECEASED SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9 PLACE OF DEATH (City and State) <b>Chicago, IL</b>		
9b FACILITY NAME (If not institution, give street and number) <b>2828 37th Pl.</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Highland</b>		9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Widowed</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Home Maker</b>		12b KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Highland</b>		13d STREET AND NUMBER <b>2828 37th Pl.</b>	
13e ZIP CODE <b>46322</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEASED 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) <b>White</b>	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5 +)		18 FATHER'S NAME (First, Middle, Last) <b>John Wiltjer</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Jennie Jabaay</b>		20a INFORMANT'S NAME (Type/Print) <b>Nancy Mc Cullough</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6518 W. Louise Dr. Glendale, Arizona</b>		20c Relationship <b>Daughter</b>			
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>October 21, 1997 Hope Cemetery</b>		21c LOCATION—City or Town, State <b>Highland, Indiana</b>	
22a EMBALMER'S NAME <b>Ronald A. Reed</b>		22b EMBALMER'S LICENSE NO. <b>FDO 1001081</b>		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) <b>FDO 1014511</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FH83007500</b>	
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 OF DEATH (The above is a true and correct copy of the certificate of death on file with the Lake County Health Dept.)			Approximate Interval Between Onset and Death		
a. <b>Non-Hodgkin's Lymphoma</b>			<b>2 years</b>		
b. <b>Congestive Heart Failure</b>			<b>2 yds</b>		
c. <b>OCT 21 1997</b>					
PART II Other significant conditions, Conditions contributing to death but not previously stated in Part I <b>Alexander Williams MD LAKE COUNTY HEALTH COMMISSIONER</b>					
27 WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>	
29a 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) as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>			
29c MEDICAL LICENSE NO. <b>01041301</b>		29d DATE SIGNED (Month, Day, Year) <b>10/20/97</b>			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) <b>CHERYL MORGAN-THRIG 1630 45th STREET MUNSTER, INDIANA 46321</b>					
31 HEALTH OFFICER'S SIGNATURE <b>Alexander Williams MD</b>					
32 DATE FILED (Month, Day, Year) <b>October 21, 1997</b>					
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 <b>9-7-97</b>
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) <b>001057</b>			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>09</b>			

