

* 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 COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

Local No. 258

CERTIFICATE OF DEATH

APR 9 2001 Date Issued

Hammond Health Commission

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (IONA I. THIELMAN), SEX (Female), DATE OF DEATH (April 6, 2001), SOCIAL SECURITY NUMBER (316-09-1328), AGE (2002), DATE OF BIRTH (2002 MAY 25), PLACE OF DEATH (Hammond, IN), MARRITAL STATUS (Widowed), SURVIVING SPOUSE (None), DECEASED'S USUAL OCCUPATION (Home Maker), RESIDENCE (Indiana, Lake, Hammond), CITY/TOWN/LOCATION (Hammond), STREET AND NUMBER (637 Thornton Street), ZIP CODE (46320), FATHER'S NAME (Andrew Allison), MOTHER'S NAME (Daisy Graves), INFORMANT (Joan L. Thielman), MAPPING ADDRESS (637 Thornton St., Hammond, IN 46320), RELATIONSHIP (Daughter), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (April 10, 2001, Elmwood Cemetery), LOCATION (Hammond, IN), EMBALMER'S NAME (Henry J. Blake), LICENSE NUMBER (FD01019406), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (LaHayne Funeral Home, Inc. FH1940000, 6955 Southeastern Ave., Hammond, IN46), IMMEDIATE CAUSE (Sep sis), PART II (Diabetes Mellitus, Multiple Enceph), CERTIFIER (Peter Benjamin, Health Officer), SIGNATURE AND TITLE OF CERTIFIER (Peter Benjamin, Health Officer), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Lawrence D. Bernstein, MD 5500 Hohman Ave Suite 1D, Hammond, IN 46320), HEALTH OFFICER'S SIGNATURE (Franklin J. Sremuda M.D.), MANNER OF DEATH (Natural), DATE OF INJURY (April 9, 2001), PLACE OF INJURY (Home), LOCATION (637 Thornton Street), DATE PRONOUNCED DEAD (April 9, 2001), MOTOR VEHICLE ACCIDENT? (No).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Document is NOT OFFICIAL

STOP FILED MAY 21 2002 LAKE COUNTY REC'D

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