(10) 2 Free

Key# 13-311-20

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

Local No. 93802

416457

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

State No.....

2002 061663

2002 JUL 10 AM 11:18

JOHN E. CARTER
RECORDER

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): Richard E. Hack
2. SEX: Male
3a. TIME OF DEATH: 9:15 PM
3b. DATE OF DEATH (Month, Day, Yr.): April 18, 2002
4. * SOCIAL SECURITY NUMBER: 304-36-5761
5a. AGE - Last Birthday (Years): 65
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo., Day, Yr.): June 22, 1936
7. BIRTHPLACE (City and State or Foreign Country): Minooka Illinois
8a. WAS DECEDENT A U.S. VETERAN? Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1956
PLACE OF DEATH (Check only one See instructions): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; ☐ Nursing Home ☐ Other (Specify); ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): The Community Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Munster
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Peggy Free
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Teamsters
12b. KIND OF BUSINESS/INDUSTRY: Local 142
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Schererville
13d. STREET AND NUMBER: 1101 W. 71st Ave.
13e. ZIP CODE: 46375
13f. INSIDE CITY LIMITS: ☒ No ☐ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE — American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 11; College (1-4 or 5+): N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last): Alfred Hack
19. MOTHER'S NAME (First, Middle, Maiden Surname): Georgia Crecilius

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Peggy Hack
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1101 W. 71st Ave., Schererville, IN
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 23, 2002 Calumet Park Cemetery
21c. LOCATION - City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: Casmir R. Pulaski
22b. EMBALMER'S LICENSE NO.: FD08900012
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Casmir Pulaski
24b. LICENSE NUMBER (of Licensee): FD09000013
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home FH19900060 109 N. East St., Crown Point, Indiana

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. Cardiomyopathy DUE TO (OR AS A CONSEQUENCE OF):
b. Congestive, Heart Failure DUE TO (OR AS A CONSEQUENCE OF):
c. End Stage Renal Disease DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT
APR 22 2002

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): 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) as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: Samuel G. Leather MD
29c. MEDICAL LICENSE NO.: 01052339
29d. DATE SIGNED (Month, Day, Year): 4/22/02
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Samuel Leather MD 10200 Wicker St., St. John, IN 46373

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Susan M. Bart D.O.
32. DATE FILED (Month, Day, Year): April 22, 2002

JUL 10 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

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.

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