TENTION ESTATE: The Social Security # is
requested by this state agency in order to
ie its statutory responsibility. Disclosure is
itary and there will be no penalty for refusal.

al No. 1114-00

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. #14-106-79 10

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

E/PRINT IN MANENT ACK INK

1 DECEASED—NAME (First Middle Last): Thomas J. Dempsey
2 SEX: Male
3a TIME OF DEATH: 4:18 AM
3b DATE OF DEATH (Month Day Yr): May 3, 2000
4 SOCIAL SECURITY NUMBER: 356-18-0311
5a AGE—Last Birthday (Years): 71
5b UNDER 1 YEAR (Months, Days)
5c UNDER 1 DAY (Hours, Minutes)
6 DATE OF BIRTH (Mo Day Yr): June 14, 1928
7 BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois

2002 104456

8a WAS DECEDENT A U S VETERAN?: Yes
8b YEAR DISCHARGED FROM ARMED FORCES?: 1948
9a PLACE OF DEATH (Check only one See instructions): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

EDENT

9b FACILITY NAME (If not institution give street and number): St. Margaret Mercy South
9c CITY TOWN OR LOCATION OF DEATH: Dyer
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife give maiden name): Marie Zent
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Engineer
12b KIND OF BUSINESS/INDUSTRY: Amoco Oil Co.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY TOWN OR LOCATION: Dyer
13d STREET AND NUMBER: 710 Blaney Dr.
13e ZIP CODE: 46311
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): 12; College (1-4 or 5 +): 4

ENTS

18 FATHER'S NAME (First Middle Last): Thomas Dempsey
19 MOTHER'S NAME (First Middle Maiden Surname): Mae Bazon

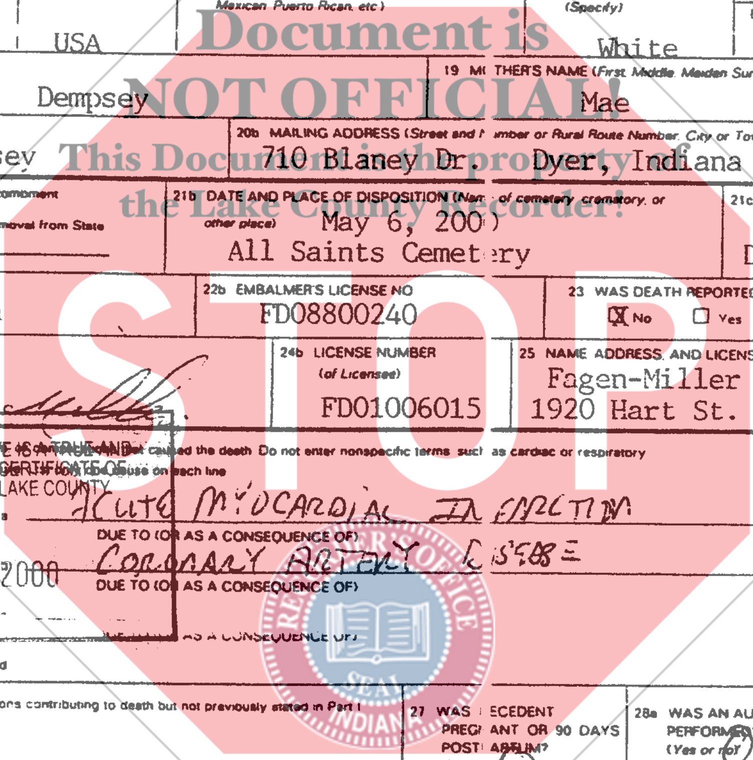
RMANT

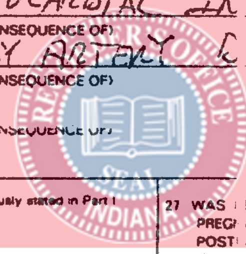
20a INFORMANT'S NAME (Type/Print): Marie Dempsey
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 710 Blaney Dr. Dyer, Indiana 46311
20c Relationship: Wife

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): May 6, 2000 All Saints Cemetery
21c LOCATION—City or Town State: Des Plaines, Illinois

OSITION

22a EMBALMER'S NAME: Marc J. Mosqueda
22b EMBALMER'S LICENSE NO: FD08800240
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): FD01006015
25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Fagen-Miller Funeral Home FH83001504 1920 Hart St. Dyer, Indiana


Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT
NOV 03 2000

SE OF H

26 PART I Enter the diseases injuries or complications that caused the death Do not enter nonspecific terms such as cardiac or respiratory arrest. List only one cause on each line — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a: ACUTE MYOCARDIAL INFARCTION — 2 HRS
DUE TO (OR AS A CONSEQUENCE OF) b: CORONARY ARTERY DISEASE — 12 YEARS
DUE TO (OR AS A CONSEQUENCE OF) c
DUE TO (OR AS A CONSEQUENCE OF) d

Conditions if any which gave rise to the immediate cause

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)

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

FIER

29b SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c MEDICAL LICENSE NO: 27841
29d DATE SIGNED (Month Day Year): 5-8-2000

FILED

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): TRENT ORFANOS MD 297 W. FRANCISCAN DR. CROWN POINT 46307

NOV 14 2002

31 HEALTH OFFICER'S SIGNATURE: [signature] MD
32 DATE FILED (Month Day Year): May 9, 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

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

001165

9:00 LP Cash