

* 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. 1169-97

203263

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

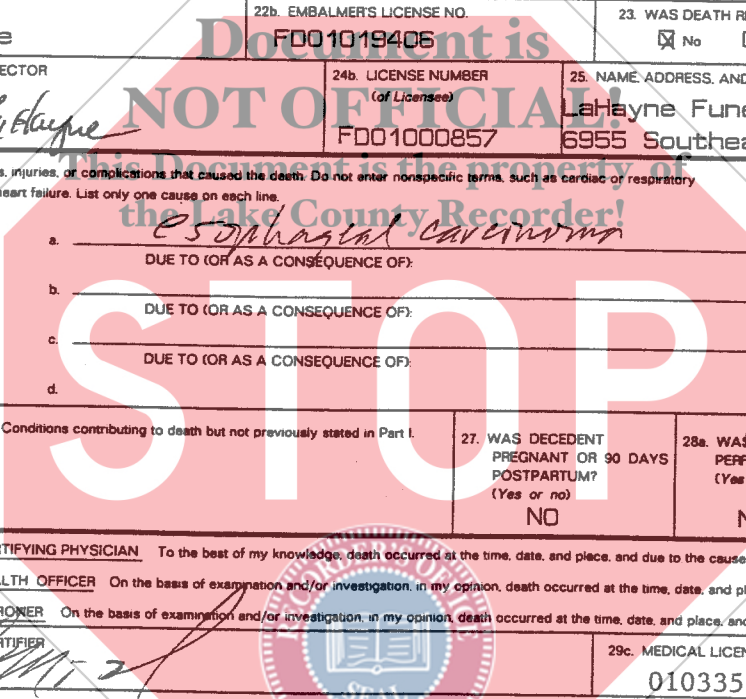
CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) RICHARD L. KESSLER		2. SEX MALE	3a. TIME OF DEATH 12:11 A.	3b. DATE OF DEATH (Month, Day, Yr.) JUNE 3, 1997	
4. *SOCIAL SECURITY NUMBER 317-14-9532		5a. AGE—Last Birthday (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	
6a. WAS DECEDENT A U.S. VETERAN? Yes	6b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	6. DATE OF BIRTH (Mo, Day, Yr.) July 19, 1925			
7. BIRTHPLACE (City and State or Foreign Country) Hammond, IN					
9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> 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) Patricia A. O'Donnell		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Locomotive Engineer	
12b. KIND OF BUSINESS/INDUSTRY CSX Railroad					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster	
13d. STREET AND NUMBER 8044 Kooy Drive					
13e. ZIP CODE 46321	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT 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) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 		18. FATHER'S NAME (First, Middle, Last) Edward Kessler			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Clara A. Rosenbaum		20. INFORMANT'S NAME (Type/Print) Patricia A. Kessler			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8044 Kooy Dr., Munster, IN 46321		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" 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) June 7, 1997 Chapel Lawn Memorial Gardens		21c. LOCATION—City or Town, State Schererville, IN	
22. EMBALMERS NAME Henry J. Blake		22b. EMBALMERS LICENSE NO. FD01019406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24. SIGNATURE OF FUNERAL DIRECTOR <i>Edward B. Blake</i>		24b. LICENSE NUMBER (of License) FD01000857		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Lahayne Funeral Home, Inc., FH19400005 6955 Southeastern Ave., Hammond, IN 46321	
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. Esophageal carcinoma DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.					
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 TO DETERMINE CAUSE OF DEATH? (Yes or no) NO	
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) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. 01033507	
29d. DATE SIGNED (Month, Day, Year) 6-3-97		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) HOWARD MISHOULAM, M.D. 1630 45TH STREET MUNSTER, INDIANA 46321			
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) June 4, 1997		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) APR 23 2003	34b. TIME OF INJURY FILED	34c. INJURY AT WORK? (Yes or no) NO	34d. DESCRIBE HOW INJURY OCCURRED FILED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LAKE COUNTY AUDITOR		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) STEPHEN R. STIGLICH LAKE COUNTY AUDITOR			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE OCCURRED? (Yes or no) (Specify passenger, pedestrian, etc.) 001670			

Key # 18-28-143-2

2003 04 1 123



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

JUN 04 1997

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

9-11-01 Cash C