

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

32360BK

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

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) Robert E. Ward

2. SEX Male

3a. TIME OF DEATH 2:35 AM

3b. DATE OF DEATH (Month, Day, Yr.) April 13, 2003

4. SOCIAL SECURITY NUMBER 307-42-7769

5a. AGE - Last Birthday (Years) 62

5b. UNDER 1 YEAR Months Days

5c. UNDER 1 DAY Hours Minutes

6. DATE OF BIRTH (Mo., Day, Yr.) April 08, 1941

7. BIRTHPLACE (City and State or Foreign Country) East Chicago, In.

8a. WAS DECEDENT A U.S. VETERAN? No

8b. YEAR LAST SERVED IN U.S. ARMED FORCES? -

PLACE OF DEATH (Check only one See instructions)

HOSPITAL: Inpatient ER/Outpatient DOA

OTHER: Nursing Home Hospice Residence

9b. FACILITY NAME (if not institution, give street and number) VNA Horton Hospice Center

9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso

9d. COUNTY OF DEATH Porter

10. MARITAL STATUS (Specify) Married

11. SURVIVING SPOUSE (if wife, give maiden name) Linda Girton

12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Overhead Craneman

12b. KIND OF BUSINESS/INDUSTRY Standard Forge

13a. RESIDENCE - STATE Indiana

13b. COUNTY Lake

13c. CITY, TOWN OR LOCATION Hobart

13d. STREET AND NUMBER 1212 W. Cleveland Avenue

13e. ZIP CODE 46342

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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) N/A

18. FATHER'S NAME (First, Middle, Last) Leroy Edward Ward

19. MOTHER'S NAME (First, Middle, Maiden Surname) Stella Victoria Rowlands

20a. INFORMANT'S NAME (Type/Print) Linda Ward

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1212 W. Cleveland Avenue, Hobart, IN

20c. Relationship Wife

21a. METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 16, 2003 Chapel Lawn Memorial Gardens

21c. LOCATION - City, Town, State Schererville, Indiana

22a. EMBALMER'S NAME Craig Byron Malone

22b. EMBALMER'S LICENSE NO. 01022392

23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR James E. Burns

24b. LICENSE NUMBER (of Licensee) FD0100946

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342

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) CVA

a. DUE TO (OR AS A CONSEQUENCE OF):

b. 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 stating the underlying cause last

26. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) 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. 001931

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.

29b. SIGNATURE AND TITLE OF CERTIFIER [Signature]

29c. MEDICAL LICENSE NO. 02002106

29d. DATE SIGNED (Month, Day, Year) 4/17/03

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) R. Shafr M.D. 202 E. 86th Place, Merrillville, IN 46410

31. HEALTH OFFICER'S SIGNATURE [Signature]

32. DATE FILED (Month, Day, Year) April 21, 2003

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

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no)

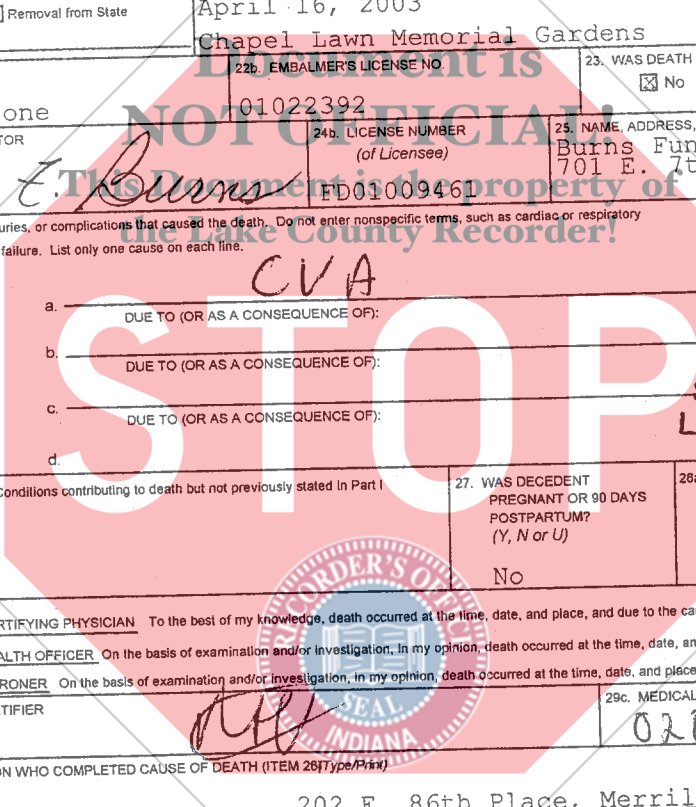
34d. DESCRIBE HOW INJURY OCCURRED 9.00 LP

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) CT

34g. DATE PRONOUNCED DEAD (Month, Day, Year) April 13, 2003

34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.



FILED

JUL-28 2003

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

No. 158168

PORTER COUNTY HEALTH DEPT.
VALPARAISO, INDIANA

THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.

Mary A. Babcock, MD
HEALTH OFFICER

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

STOP



2003 078190

2003 JUL 29 AM 9:56

MORRIS COUNTY RECORDER

RECORDER'S OFFICE
LAKE COUNTY
FILED FOR RECORD