

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

6 20038654

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0823-94

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

| | | | | | | |
|--|---|--|---|--|---|---|
| 1 DECEASED—NAME (First, Middle, Last) Hedwig Korthauer | | | | 2 SEX Female | 3a TIME OF DEATH 7:05A.M | 3b DATE OF DEATH (Month, Day, Yr) April 7, 1994 |
| 4 *SOCIAL SECURITY NUMBER 317-74-2693 | 5a AGE—Last Birthday (Years) 70 | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo, Day, Yr) Sept. 22, 1923 | 7 BIRTHPLACE (City and State or Foreign Country) Germany | |
| 8a WAS DECEDENT A U.S. VETERAN? No | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence | | | | |
| 9b FACILITY NAME (If not institution, give street and number) 9029 West 141st Avenue | | | 9c CITY, TOWN OR LOCATION OF DEATH Cedar Lake | 9d COUNTY OF DEATH Lake | | |
| 10. MARITAL STATUS (Specify) Married | 11 SURVIVING SPOUSE (If wife, give maiden name) Andrew Korthauer | | 12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife | | 12b. KIND OF BUSINESS/INDUSTRY Own Home | |
| 13a. RESIDENCE—STATE Indiana | 13b. COUNTY Lake | 13c. CITY, TOWN OR LOCATION Cedar Lake | | 13d. STREET AND NUMBER 9029 West 141st Avenue | | |
| 13e. ZIP CODE 46303 | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY? U.S.A. | 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) 8. College (1-4 or 5+) | |
| 18 FATHER'S NAME (First, Middle, Last) Christian Krebs | | | 19 MOTHER'S NAME (First, Middle, Maiden Surname) Wilhemina Wenzel | | | |
| 20a. INFORMANT'S NAME (Type/Print) Andrew Korthauer | | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9029 W. 141 Ave., Cedar Lake, Indiana 46345 | | 20c. Relationship Husband | |
| 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) April 8, 1994 German Methodist Cemetery | | 21c. LOCATION—City or Town, State Cedar Lake, Indiana | | |
| 22a. EMBALMER'S NAME: Fred Oparha | | 22b. EMBALMER'S LICENSE NO. FD01016076 | | 23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | |
| 24. SIGNATURE OF THE CERTIFIER OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Fred Oparha | | 24b. LICENSE NUMBER (of Licensee) FD01016076 | | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Elber Brady FH83000825 Cedar Lake, Indiana 46303 | | |
| 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. | | | | | | |
| APR 07 1994 IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions contributing to death stating the underlying cause last | | a. <i>ischemic cerebrovascularopathy</i> DUE TO (OR AS A CONSEQUENCE OF): | | | | Approximate Interval Between Onset and Death years |
| | | b. <i>insulin dependent diabetes</i> DUE TO (OR AS A CONSEQUENCE OF): | | | | years |
| | | c. <i>chronic atrial fibrillation</i> DUE TO (OR AS A CONSEQUENCE OF): | | | | years |
| 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) | | | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) | | 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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>Jan M...</i> | | | 29c. MEDICAL LICENSE NO. 02000900 | | 29d. DATE SIGNED (Month, Day, Year) 4/7/94 | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) | | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>Alexander S Williams, M.D.</i> | | | | | | 32. DATE FILED (Month, Day, Year) April 17, 1994 |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide | | 34a. DATE OF INJURY (Month, Day, Year) | 34b. TIME OF INJURY | 34c. INJURY AT WORK? (Yes or no) | | |
| | | 34a. 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) FILED OCT 21 2003 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR | | |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year) | | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 001609 | | | | |

DECEDENT

PARENTS

INFORMANT

POSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CHICAGO TRUST LIFE INSURANCE COMPANY



Handwritten initials and marks at the bottom right of the form.

No: 620038654

LEGAL DESCRIPTION

Parcel 1: Part of the North half of the Northwest quarter of Section 34, Township 34 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follows: Beginning at a point on the North line of said Section 34, which is 1714.1 feet East of the Northwest corner thereof and running thence West 586.5 feet more or less, to the East right of way line of the Chicago, Indianapolis & Louisville Railroad; thence Southerly along said East right of way line 614.2 feet; thence Easterly parallel with the North line of said Section, 542.4 feet; thence Northerly 617.3 feet to the place of beginning, EXCEPTING THEREFROM that part described as: Beginning at the Northwest corner of said tract; thence East along the North line of said Northwest quarter a distance of 130 feet; thence South parallel to the West line of said Northwest quarter a distance of 140 feet; thence West parallel to the North line of said Northwest quarter to the East line of said railroad right of way; thence North along said right of way to the place of beginning.

Parcel 2: Part of the North half of the Northwest quarter of Section 34, Township 34 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as: Beginning at a point 2027.70 feet East and 239.90 feet South of the Northwest corner of said Section; thence continuing South 186.64 feet; thence West parallel with the North line of said Section a distance of 358.59 feet; thence North 2 degrees 48 minutes East a distance of 113.35 feet; thence East parallel with the North line of said Section a distance of 160 feet, thence North 2 degrees 48 minutes East a distance of 82 feet, thence East to the point of beginning.

Parcel 3: Part of the North half of the Northwest quarter of Section 34, Township 34 North, Range 9 West of the 2nd Principal Meridian, Lake County, Indiana, described as follows: Beginning at a point 613.80 feet South and 1649.70 feet East of the Northwest corner of said Section 34 and running thence East parallel with the North line of said Section 378.15 feet, thence North parallel with the West line of said Section 187.26 feet, thence West parallel with the North line of said Section 34 a distance of 358.59 feet, thence Southwesterly 188.20 feet to the point of beginning.

