

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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.

Local No. 1013-87

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

205212
TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) JOSEPH D. FUNDERLIC		2 SEX MALE	3a TIME OF DEATH 3:15 A	3b DATE OF DEATH (Month Day Yr) APRIL 19, 1999	
4 *SOCIAL SECURITY NUMBER 312-09-4918	5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) FEBRUARY 16, 1916	
7 BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, INDIANA	8a WAS DECEDENT A U.S. VETERAN? YES	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	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) 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) ANN FORGULA	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) STEELWORKER RETIRED	12b KIND OF BUSINESS/INDUSTRY INLAND STEEL COMPANY		
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY TOWN OR LOCATION SCHERERVILLE	13d STREET AND NUMBER 2201 MEADOW LN		
13a ZIP CODE 46357	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	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	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) NICHOLAS FUNDERLIC		19 MOTHER'S NAME (First Middle Maiden Surname) AGNES PEICH			
20a INFORMANT'S NAME (Type/Print) ANN FUNDERLIC		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 2201 MEADOW LN. SCHERERVILLE, IN. 46375		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) APRIL 22, 1999 CHAPEL LAWN MEMORIAL GARDENS		21c LOCATION—City or Town State SCHERERVILLE, INDIANA	
22a EMBALMER'S NAME CHARLES WELLS		22b EMBALMER'S LICENSE NO. FD01042372	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licenses) FD01008300	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307		
26 PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) <p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF) CORONARY ARTERY DISEASE DUE TO (OR AS A CONSEQUENCE OF) ARTERIOSCLEROSIS DUE TO (OR AS A CONSEQUENCE OF)</p> <p>Approximate Interval Between Onset and Death YEARS YEARS YEARS</p>					
PART II: Other significant conditions—Conditions contributing to death but not previously stated in Part I <p>Hypertension Prostate Carcinoma Thrombocytopenia Diabetes Mellitus</p>					
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 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. 02000640	29d DATE SIGNED (Month Day Year) 4/21/99		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) H. Alan Jones 909 Ridge Road Suite 7 Munster In 46321					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month Day Year) April 22, 1999		
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)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED FILED
34a PLACE OF INJURY—At home farm street factory office building, etc. (Specify) MAY 25 2004		34d ADDRESS OF PERSON (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 ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 002026			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

USE OF ATH

CERTIFIER

HEALTH OFFICER