

620043514

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.

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

TYPE/PRINT IN PERMANENT BLACK INK

Decedent Lots 25-28, Bluffs, Dwiggins Add. Unit 15, Key 26-60-25

Informant

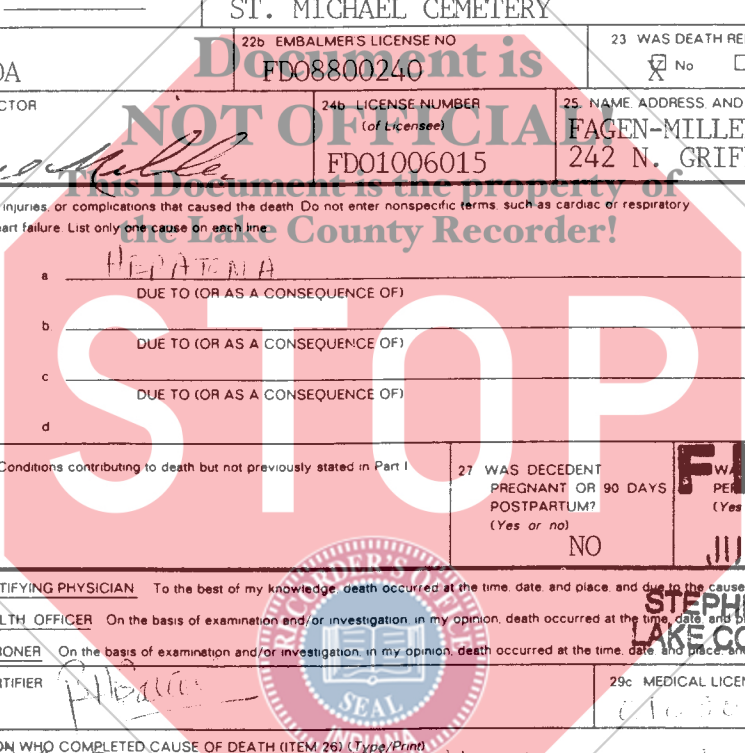
Disposition

Cause of Death

Certifier

Health Officer

1 DECEASED—NAME (First Middle Last) HOWARD WILLIAM SCHWEITZER				2 SEX MALE		3a TIME OF DEATH 7:15 P M		3b DATE OF DEATH (Month Day Yr.) APRIL 14, 2003			
4 *SOCIAL SECURITY NUMBER 308-32-4271		5a AGE—Last Birthday (Years) 67		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo Day Yr) DECEMBER 14, 1935		7 BIRTHPLACE (City and State or Foreign Country) GRIFFITH, INDIANA	
8a WAS DECEDENT A U.S. VETERAN? NO		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		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) JANET FITZER		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CAR INSPECTOR				12b KIND OF BUSINESS/INDUSTRY RAILROAD			
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY TOWN OR LOCATION GRIFFITH				13d STREET AND NUMBER 208 E. AVE. A			
13e ZIP CODE 46319		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 (10-12) <input checked="" type="checkbox"/> College (1-4 or 5 +) <input type="checkbox"/>	
18 FATHER'S NAME (First Middle Last) JACOB SCHWEITZER						19 MOTHER'S NAME (First Middle Maiden Surname) MARIE STEPHEN					
20a INFORMANT'S NAME (Type/Print) JANET SCHWEITZER				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 208 E. AVE. A GRIFFITH, IN. 46319				20c Relationship WIFE			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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 18, 2003 ST. MICHAEL CEMETERY				21c LOCATION—City or Town, State SCHERERVILLE, INDIANA			
22a EMBALMER'S NAME MARC J. MOSQUEDA				22b EMBALMER'S LICENSE NO. FD08800240		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>Marc J. Mosqueda</i>				24b LICENSE NUMBER (of licensee) FD01006015		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME SH83002754 242 N. GRIFFITH BLVD. GRIFFITH, IN.					
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 <u>HEPATITIS</u> DUE TO (OR AS A CONSEQUENCE OF) b DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d										Approximate Interval Between Onset and Death 8 Days	
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 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF 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.		STEPHEN R. STIGLICH LAKE COUNTY AUDITOR									
29b SIGNATURE AND TITLE OF CERTIFIER <i>Stephen R. Stiglich</i>						29c MEDICAL LICENSE NO. 1102017		29d DATE SIGNED (Month Day Year) 4-15-03			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 125 E. 89th Ave. Merrillville IN 46410											
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. But...</i>											
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)		34d DESCRIBE INJURY (If in motor vehicle, specify driver, passenger, pedestrian, etc.) THIS CERTIFICATE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH IN THE LAKE COUNTY HEALTH DEPT.			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.									



FILED JUN 30 2004