(4)

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

Local No. 13 24-04 633997 State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED--NAME (First, Middle, Last): Ernest Lyle Holme
2. SEX: Male
3a. TIME OF DEATH: 9:35 AM
3b. DATE OF DEATH (Month, Day, Yr.): June 18, 2004
4. SOCIAL SECURITY NUMBER: 304-32-8253
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): December 11, 1933
7. BIRTHPLACE (City and State or Foreign Country): East Chicago, 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: Inpatient / ER/Outpatient / DOA; OTHER: Nursing Home / Residence / X Other (Specify) Hospice
9b. FACILITY NAME (If not institution, give street and number): St. Anthony's Hospice Care
9c. CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Marlene Cox
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Self Employed
12b. KIND OF BUSINESS/INDUSTRY: Masonry
13a. RESIDENCE--STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Crown Point
13d. STREET AND NUMBER: 7322 W. 90th Lane
13e. ZIP CODE: 46307
13f. INSIDE CITY LIMITS: No X Yes
13g. ON A FARM?: X No / Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? X No / Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE--American Indian, Black, White, etc. (Specify): Caucasian
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 3

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PARENTS

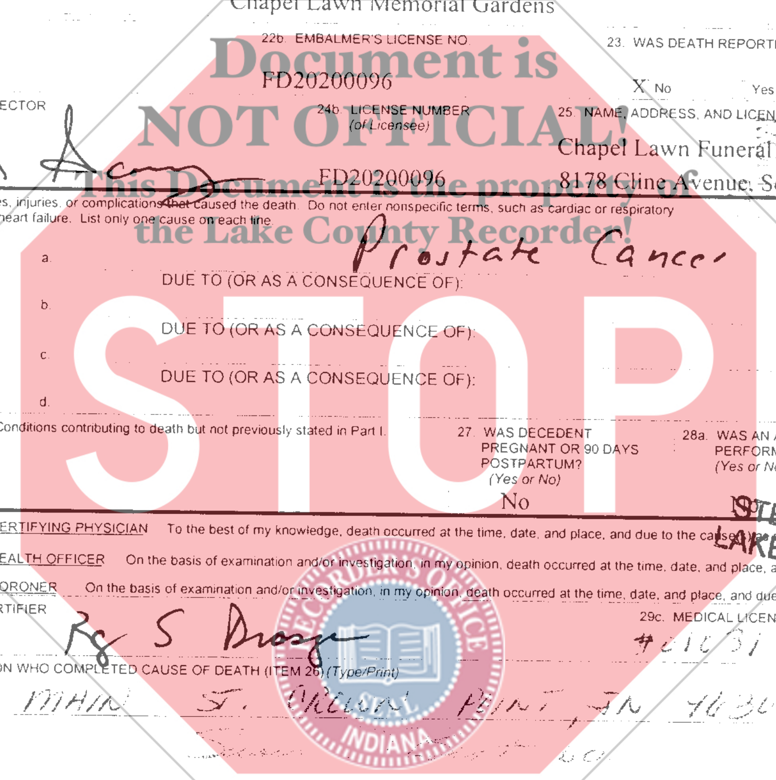
18. FATHER'S NAME (First, Middle, Last): Ernest Holme
19. MOTHER'S NAME (First, Middle, Maiden Surname): Grace Ann Olson

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Marlene Holme
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7322 W. 90th Lane Crown Point, Indiana 46307
20c. Relationship: Spouse

DISPOSITION

21a. METHOD OF DISPOSITION: X Burial / Cremation / Donation / Entombment / Removal from State / Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): June 22, 2004 Chapel Lawn Memorial Gardens
21c. LOCATION--City or Town, State: Schererville, Indiana
22a. EMBALMER'S NAME: Robert Accvez
22b. EMBALMER'S LICENSE NO.: FD20200096
23. WAS DEATH REPORTED TO CORONER?: X No / Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Robert A. Acevez
24b. LICENSE NUMBER (of Licensee): FD20200096
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Chapel Lawn Funeral Home, #FH19900051 8178 Cline Avenue, Schererville, Indiana, 46375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CAUSE OF DEATH

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. Prostate Cancer
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

Approximate Interval Between Onset and Death

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 PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): No

FILED SEP 2 - 2004 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

CERTIFIER

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.
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) and manner 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.: #01031484
29d. DATE SIGNED (Month, Day, Year): 06/22/04
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 1305 S. Main St. Crown Point IN 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE
32. DATE FILED (Month, Day, Year): June 22, 2004

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33. MANNER OF DEATH: XX Natural / Accident / Suicide / Homicide / Pending Investigation / 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
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)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.

JUN 30 2004

Stewart Title Services of Northwest Indiana The Pointe 5521 W. Lincoln Hwy. Crown Point, IN 46307

CASH 9 gg

SDH06-004 State Form 10110-06 (R4/3-93) Deathcer/PD 1