* 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. 2609-04

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. Key # 19-61-11

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

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| Field | Entry |
|---|---|
| 1. DECEASED—NAME (First, Middle, Last) | MABEL M. OSWALD |
| 2. SEX | Female |
| 3a. TIME OF DEATH | 1:30 PM |
| 3b. DATE OF DEATH (Month, Day, Yr.) | October 27, 2004 |
| 4. *SOCIAL SECURITY NUMBER | 334-22-1377 |
| 5a. AGE—Last Birthday (Years) | 78 |
| 5b. UNDER 1 YEAR (Months, Days) | |
| 5c. UNDER 1 DAY (Hours, Minutes) | |
| 6. DATE OF BIRTH (Mo. Day, Yr) | February 3, 1926 |
| 7. BIRTHPLACE (City and State or Foreign Country) | Alton Illinois |
| 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 ☐ Other (Specify) ☒ Residence |
| 9b. FACILITY NAME (If not institution, give street and number) | 2811 Floyd Street |
| 9c. CITY, TOWN, OR LOCATION OF DEATH | Lake Station |
| 9d. COUNTY OF DEATH | Lake |
| 10. MARITAL STATUS (Specify) | Widowed |
| 11. SURVIVING SPOUSE (If wife, give maiden name) | N/A |
| 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | Homemaker |
| 12b. KIND OF BUSINESS/INDUSTRY | Home |
| 13a. RESIDENCE—STATE | Indiana |
| 13b. COUNTY | Lake |
| 13c. CITY, TOWN, OR LOCATION | Lake Station |
| 13d. STREET AND NUMBER | 2811 Floyd Street |
| 13e. ZIP CODE | 46405 |
| 13f. INSIDE CITY LIMITS | ☐ No ☒ Yes |
| 13g. ON A FARM? | ☒ No ☐ Yes |
| 14. CITIZEN OF WHAT COUNTRY? | U.S.A. |
| 15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | ☒ No ☐ Yes |
| 16. RACE—American Indian, Black, White, etc. (Specify) | White |
| 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) | 11 |
| College (1-4 or 5 +) | |

**PARENTS**

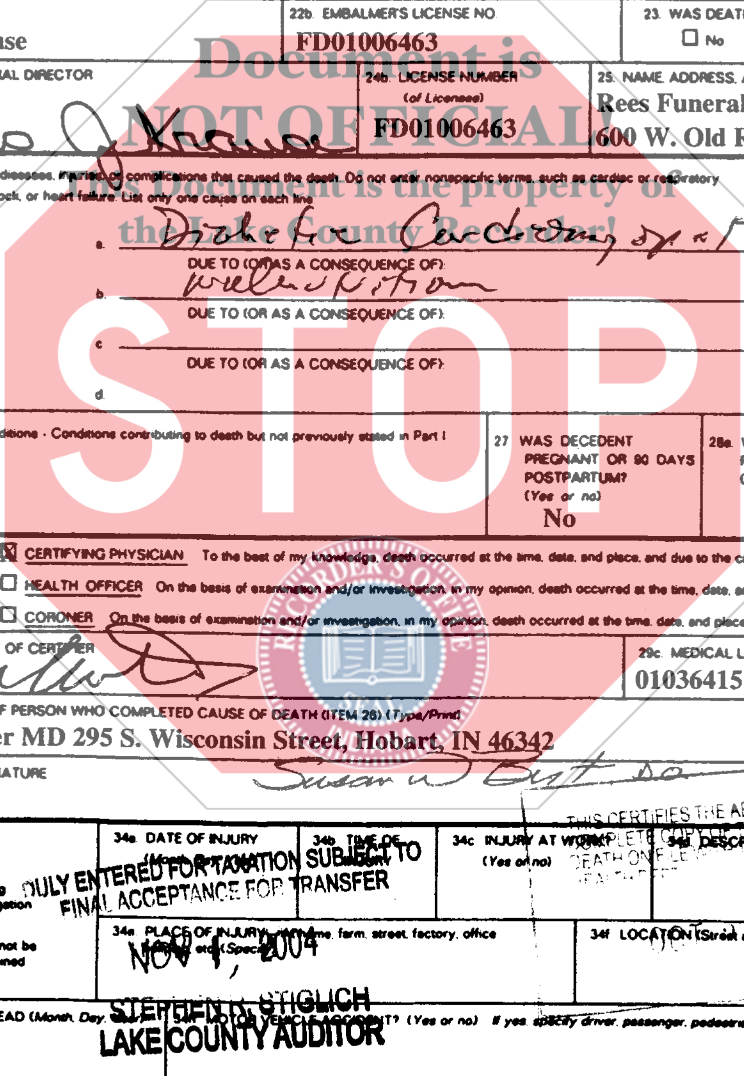
| Field | Entry |
|---|---|
| 18. FATHER'S NAME (First, Middle, Last) | James Pearl Adams |
| 19. MOTHER'S NAME (First, Middle, Maiden Surname) | Mollie Louella Baues |

**INFORMANT**

| Field | Entry |
|---|---|
| 20a. INFORMANT'S NAME (Type/Print) | Katie Eftenoff |
| 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 2811 Floyd Street, Lake Station, IN 46405 |
| 20c. Relationship | Daughter |

**DISPOSITION**

| Field | Entry |
|---|---|
| 21a. METHOD OF DISPOSITION | ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) |
| 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | Oct 30, 2004 Ridgelawn Cemetery |
| 21c. LOCATION—City or Town, State | Gary IN |
| 22a. EMBALMER'S NAME | James J. Krause |
| 22b. EMBALMER'S LICENSE NO. | FD01006463 |
| 23. WAS DEATH REPORTED TO CORONER? | ☐ No ☒ Yes |
| 24a. SIGNATURE OF FUNERAL DIRECTOR | James J. Krause (signature) |
| 24b. LICENSE NUMBER (of Licensee) | FD01006463 |
| 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME | Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488 |



Document is NOT OFFICIAL
This document is the property of the Lake County Recorder!
STOP
RECORDER'S OFFICE SEAL


**CAUSE OF DEATH**

28. 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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. [handwritten, illegible]

DUE TO (OR AS A CONSEQUENCE OF):

b. [handwritten, illegible]

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

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

| Field | Entry |
|---|---|
| 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 |

**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) 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.

| Field | Entry |
|---|---|
| 29b. SIGNATURE AND TITLE OF CERTIFIER | (signature) |
| 29c. MEDICAL LICENSE NO. | 01036415 |
| 29d. DATE SIGNED (Month, Day, Year) | 10/29/04 |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) | Mark O. Carter MD 295 S. Wisconsin Street, Hobart, IN 46342 |

**HEALTH OFFICER**

| Field | Entry |
|---|---|
| 31. HEALTH OFFICER'S SIGNATURE | Susan ... DO (signature) |
| 32. DATE FILED (Month, Day, Year) | October 29, 2004 |

| Field | Entry |
|---|---|
| 33. MANNER OF DEATH | ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide |
| 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. IF TRANSPORTATION INJURY? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. | |


DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
NOV 1, 2004
STEPHEN R. STIGLICH LAKE COUNTY AUDITOR
000036
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE
2004 089043
FILED FOR RECORD LAKE COUNTY RECORDER


SDH06-004 State Form 10110 (R5/1-99)