

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0470-93

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) RAYMOND E. CRAIG			2 SEX Male		3a TIME OF DEATH 10:10P M		3b DATE OF DEATH (Month, Day, Yr) February 27, 1993				
4 SOCIAL SECURITY NUMBER 305-09-9248		5a AGE—Last Birthday (Years) 79		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) FEB 8, 1914		7 BIRTHPLACE (City and State or Foreign Country) MARSHALL, 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 <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
9b FACILITY NAME (If not institution, give street and number) LAKE COUNTY CONVALESCENT HOME					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) FRIEDA MAY BELL		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) BLASTER			12b KIND OF BUSINESS/INDUSTRY U.S. STEEL SHEET & TIN				
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN OR LOCATION HOBART			13d STREET AND NUMBER 3556 MICHIGAN AVENUE				
13e ZIP CODE 46342		13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		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) 10 College (1-4 or 5+) 	
18 FATHER'S NAME (First, Middle, Last) OLLIE CRAIG					19 MOTHER'S NAME (First, Middle, Maiden Surname) WINONA ENGLISH						
20a INFORMANT'S NAME (Type/Print) FRIEDA MAY CRAIG					20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3556 MICHIGAN AVE, HOBART, IN 46342					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) MAR 3 1993 MARSHALL CEMETERY				21c LOCATION—City or Town, State MARSHALL, ILLINOIS			
22a EMBALMER'S NAME JAMES J. KRAUSE				22b EMBALMER'S LICENSE NO. FD01006463		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>James J Krause</i>				24b LICENSE NUMBER (of Licensee) FD01006463		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH83003069 REES FUNERAL HOMES INC. 600 W. RIDGE RD, HOBART, IN 46342					
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. Cardio-respiratory arrest due to pneumonia DUE TO (OR AS A CONSEQUENCE OF) b. CAD POSSIBLE cardiac dysrhythmia DUE TO (OR AS A CONSEQUENCE OF) c. ASCVD DUE TO (OR AS A CONSEQUENCE OF) d. S/D CVA 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) N/A		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		
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>Stephen R Stiglich</i>										29c CERTIFIED FOR TAXATION SUBJECT TO FINAL SETTLEMENT FOR TRANSFER 4-93	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) SAMI AHMADZAI MD, 2900 W. 93RD AVENUE, CROWN POINT, IN 46307 4 2004											
31 HEALTH OFFICER'S SIGNATURE <i>Stephen R Stiglich MD</i>										32 DATE FILED (Month, Day, Year) MAR 5 1993	
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)		33 THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. MAR 1 8 2004		
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)						34f LOCATION (Street and 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.							

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

EXHIBIT "A"

No: 620046464

LEGAL DESCRIPTION

Parcel 1:

Part of the Southwest Quarter of the Southwest Quarter of Section 34, Township 36 North, Range 8 West of the Second Principal Meridian, in the City of Gary, Lake County, Indiana, more particularly described as follows: Commencing at the point of intersection of the West line of said Section 34 with the South line of the right-of-way of the Elgin, Joliet and Eastern Railway Company; thence East along said South right-of-way line 164.8 feet; thence South 100 feet; thence West 164.9 feet; thence North 100 feet to the place of beginning, except the West 50 feet thereof.

Parcel 2:

Part of the Southwest Quarter of the Southwest Quarter of Section 34, Township 36 North, Range 8 West of the Second Principal Meridian, in the City of Gary, Lake County, Indiana, more particularly described as follows: Commencing at the point of intersection of the West line of said Section 34 with the South line of the right-of-way of the Elgin, Joliet and Eastern Railway Company; thence East along said South right-of-way line 164.9 feet; thence South 100 feet to establish a point of beginning; thence West 164.8 feet; thence South 17.5 feet; thence East 164.9 feet; thence North 17.5 feet to the place of beginning, except the West 50 feet thereof.

