* 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. 0047-05
691404

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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): Catherine M. Doolittle
2. SEX: Female
3a. TIME OF DEATH: 5:41 PM
3b. DATE OF DEATH (Month, Day, Yr.): January 7, 2005
4. *SOCIAL SECURITY NUMBER: 303-24-6001
5a. AGE - Last Birthday (Years): 86
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo., Day, Yr.): September 3,1918
7. BIRTHPLACE (City and State or Foreign Country): Chicago, Illinois
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
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): 735 Scott Ct.
9c. CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
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: Own Home
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Crown Point
13d. STREET AND NUMBER: 735 Scott Ct.
13e. ZIP CODE: 46307
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Frank Yahl
19. MOTHER'S NAME (First, Middle, Maiden Surname): Katherine Fendler

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Dale Bruce Doolittle
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 735 Scott Ct. Crown Point, IN 46307
20c. Relationship: Son

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify) Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 11, 2005 Calumet Park Cemetery
21c. LOCATION - City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: Kevin Knaga
22b. EMBALMER'S LICENSE NO.: FD20400005
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature] Kevin Knaga
24b. LICENSE NUMBER (of Licensee): FD20400005
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home FH19900060 109 N. East St.,Crown Point,Indiana 46307-

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congestive Heart Failure	years
DUE TO (OR AS A CONSEQUENCE OF):	b. Ischemic cardiomyopathy	years
DUE TO (OR AS A CONSEQUENCE OF):	c. Coronary Atherosclerosis	years
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

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.

29b. SIGNATURE AND TITLE OF CERTIFIER: [signature] Theodore W. Brogan
29c. MEDICAL LICENSE NO.: 01048142
29d. DATE SIGNED (Month, Day, Year): 1/10/05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Theodore Brogan M.D. 297 Fansiscan Dr. Suite 203, Crown Point, IN 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] Susan W. Burt D.O.
32. DATE FILED (Month, Day, Year): January 11, 2005

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. MOTOR VEHICLE ACCIDENT? Specify driver, passenger, pedestrian, etc.

FILED
JAN 11 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

JAN 11 2005

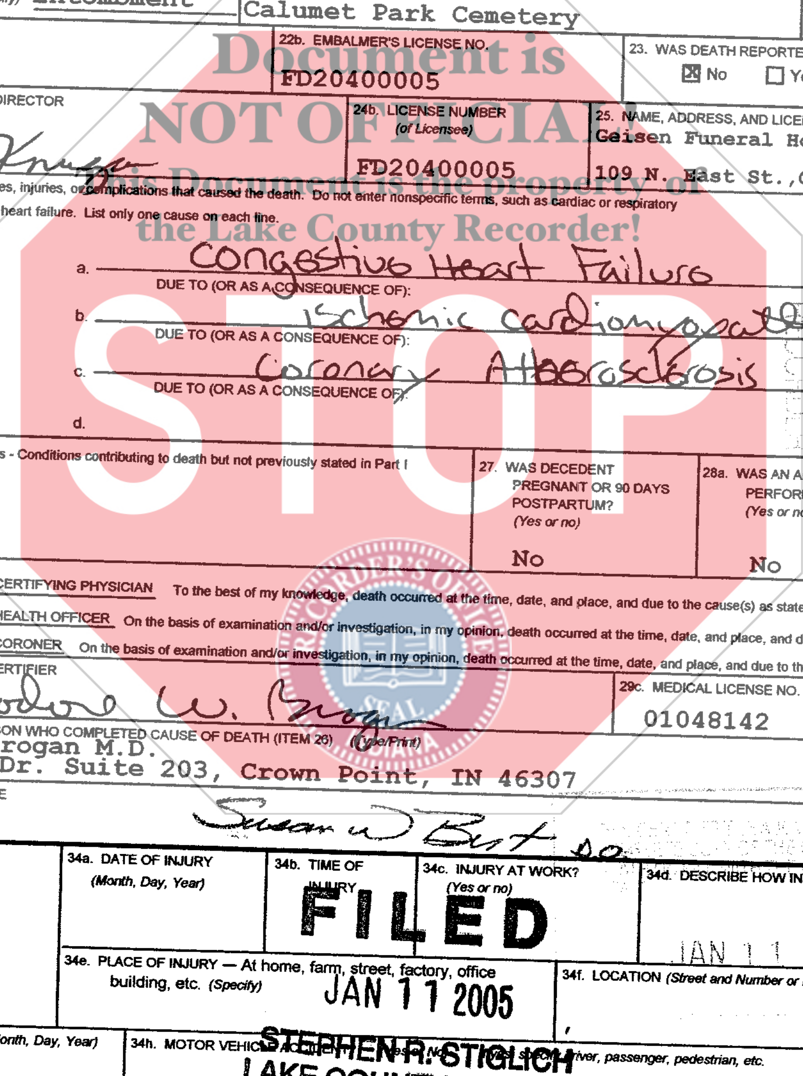
000485

2005 002003

2005 JAN 11 PM

MICHAEL A. BROWN RECORDER LAKE COUNTY FILED FOR RECORD

Unit #23 Key# 9-253-26 Greenmeadow Manor Unit #3 Lot 26



Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!
STOP