

Key # 25-30-10

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. 2462-04

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Michael William Ellis		2. SEX Male	3a. TIME OF DEATH 10:16 am	3b. DATE OF DEATH (Month, Day, Yr.) 10-1-04	
4. *SOCIAL SECURITY NUMBER 333-367-300	5a. AGE—Last Birthday (Years) 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) 11-27-1943	
7. BIRTHPLACE (City and State or Foreign Country) Alton, IL 62002	8a. WAS DECEASED A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1-13-66	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"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) 13418 Fir Street		9c. CITY, TOWN, OR LOCATION OF DEATH Cedar Lake		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Marie Ellis	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Kimbleglass		12b. KIND OF BUSINESS/INDUSTRY Bottlemaker	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Cedar Lake		13d. STREET AND NUMBER 13418 Fir St.	
13e. ZIP CODE 46303	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) none		18. FATHER'S NAME (First, Middle, Last) William O. Ellis			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Delores E. Abernathy		20a. INFORMANT'S NAME (Type/Print) Marie Ellis			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13418 Fir St.		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) Godfrey, IL		21c. LOCATION—City or Town, State Alton, IL 62002	
22a. EMBALMER'S NAME Fred Oparka		22b. EMBALMER'S LICENSE NO. FDO1016076		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Fred Oparka</i>		24b. LICENSE NUMBER (of Licensee) 1009893		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Eller Brady Funeral Home 8510 Lake Shore Dr. Cedar Lake	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac, respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Vascular collapse		Due to (OR AS A CONSEQUENCE OF) Due to arteriosclerotic heart and vascular disease			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		Due to (OR AS A CONSEQUENCE OF)			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEASED 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)			
29a. CERTIFIER (Check only one) <input 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 checked="" 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>David J. Pastrick</i>		29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) October 12, 2004	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) David J. Pastrick, Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>		32. DATE FILED (Month, Day, Year) October 12, 2004			
33. MANNER OF DEATH <input checked="" 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. THIS CERTIFICATE IS VALID ONLY IF YOU RETURN A COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 000521		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) OCT 12 2004			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) October 1, 2004		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			9-2P Cash

DECEASED

PARENTS

INFORMANT

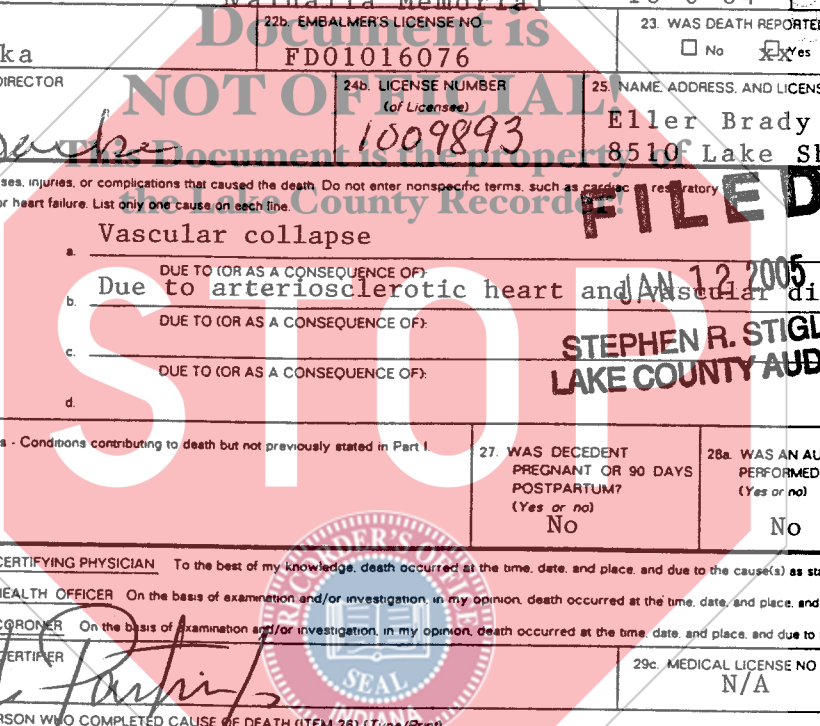
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Marie Ellis, P.O. Box 1237, Cedar Lake, In. 46303-1237



FILED
JAN 12 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR