

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. 644-04

Key # 26-36-495-21

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

TYPE/PRINT IN PERMANENT INK

1 DECEASED—NAME (First Middle, Last) Robert McCarty Sr.		2 SEX Male	3a TIME OF DEATH 11:50 AM	3b DATE OF DEATH (Month, Day, Yr) March 8, 2004
4 *SOCIAL SECURITY NUMBER 317-14-8423	5a AGE—Last Birthday (Years) 77	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) March 31, 1926
7 BIRTHPLACE (City and State or Foreign Country) South Chicago, Illinois	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1947	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) William J. Riley Residence		9c CITY, TOWN OR LOCATION OF DEATH Munster	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Norma Scherer	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Locomotive Engineer	12b KIND OF BUSINESS/INDUSTRY Steel Manufacturing	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Hammond	13d STREET AND NUMBER 7605 Southeastern Avenue	
13e ZIP CODE 46324	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 12		18 FATHER'S NAME (First, Middle, Last) Lawrence J. McCarty		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Marie Sulski		20a INFORMANT'S NAME (Type/Print) Norma McCarty		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7605 Southeastern Ave. Hammond, In. 46324		20c Relationship Wife		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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) March 12, 2004 Kelly-Carroll Cremation Services		21c LOCATION—City or Town, State Gary, Indiana
22a EMBALMER'S NAME Edgar C. Gleim		22b EMBALMER'S LICENSE NO. FDO1016173	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Garud H. Pette</i>		24b LICENSE NUMBER (of Licensee) FDO8601585	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Klemman Rd. Highland, In. 46322 FH1030002	
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) Congestive heart failure DUE TO (OR AS A CONSEQUENCE OF) Coronary artery disease DUE TO (OR AS A CONSEQUENCE OF) MARCH 10 2004 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Liver Cirrhosis & Massive Ascites				
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) N/A
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>Wendy Schmitt, Schmitt</i>		29c MEDICAL LICENSE NO. 01031576	29d DATE SIGNED (Month, Day, Year) 3/9/04	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. WENDY SCHMITT, 9134 COLUMBIA AVE STE. A., MUNSTER, IN 46321				
31 HEALTH OFFICER'S SIGNATURE <i>Stephen B. Stiglich</i>				32 DATE FILED (Month, Day, Year) March 10, 2004
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 & WORK (Yes or no)
34d PLACE OF INJURY—At home, farm, street, factory or building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State) MUNSTER, IN 46321		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) <input type="checkbox"/> Yes <input type="checkbox"/> No STEPHEN B. STIGLICH LAKE COUNTY AUDITOR		

DECEDENT

INFORMANTS

INFORMANT

DISPOSITION

USE OF DEATH

CERTIFIER

HEALTH OFFICER

Bankers Title # 320050918

200501676
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MUNSTER, IN
MARCH 10 2004

FILED

JUN - 3 2005

000404

OK # 1053
9-02
9-06