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CHICAGO TITLE INSURANCE COMPANY

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure 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. 1142-04

33035

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) Doris Georgas				2 SEX Female	3a TIME OF DEATH 5:10 pm	3b DATE OF DEATH (Month, Day, Yr.) April 30, 2004
4 *SOCIAL SECURITY NUMBER 305-20-4729	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.) December 8, 1924	7 BIRTHPLACE (City and State or Foreign Country) Whiting, IN	
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	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 checked="" type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) 10226 Prarie			9c CITY, TOWN OR LOCATION OF DEATH Highland		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Jack Georgas		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 IN	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Highland		13d STREET AND NUMBER 10226 Prarie		
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input 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) 12 College (1, 4 or 5+) 2			18 FATHER'S NAME (First, Middle, Last) Stephan Tokash			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Marie Orenick			20a INFORMANT'S NAME (Type/Print) Richard Georgas			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9000 Chestnut Lane Munster, IN 46321			20c Relationship Son			
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) May 4, 2004 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Schererville, IN		
22a EMBALMER'S NAME Brian T. Burns		22b EMBALMER'S LICENSE NO. 8601763		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Brian T. Burns</i>		24b LICENSE NUMBER (of Licensee) 8601763		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home Lic # 3004968 8415 Calumet Ave, Munster, IN 46321-2521		
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 <i>Heart Small Cell Lung Cancer</i> DUE TO (OR AS A CONSEQUENCE OF) b <i>Pertinent Bowel</i> DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d 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) ---		
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>[Signature]</i>				29c MEDICAL LICENSE NO. 0104130		29d DATE SIGNED (Month, Day, Year) May 4, 2004
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Cheryl Morgan-Ihrig, M.D. 1630 45th Munster, IN 46321						
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						
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) JUN 1 2004		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED STEPHEN B. STIGLER			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) MAY 11 2004			34g DATE PRONOUNCED DEAD (Month, Day, Year)			
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			34i			

Chicago Title Insurance Company

REGION TITLE

RENTS

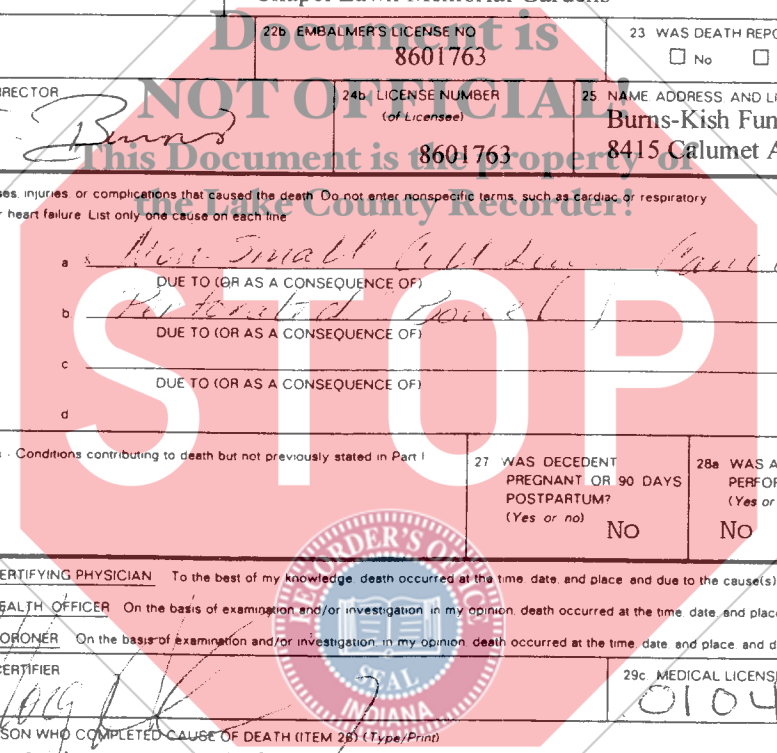
FORMANT

POSITION

USE OF

DATE

(16) 27-623-18



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FILED
MUNSTER
IN
MAY 11 2004

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