

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

INDIANA STATE DEPARTMENT OF HEALTH

10cc

Local No. 484-02

CERTIFICATE OF DEATH

State No. 19-44-14 thru 18

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) Albert E. Schmelzer		2. SEX Male		3a. TIME OF DEATH 9:44PM		3b. DATE OF DEATH (Month Day Yr) February 25, 2002	
4. SOCIAL SECURITY NUMBER 268-01-4659		5a. AGE - Last Birthday (Years) 84		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day Yr) October 1, 1917		7. BIRTHPLACE (City and State or Foreign Country) Harpersville, OH					
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 <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 2323 Union St.				9c. CITY TOWN OR LOCATION OF DEATH Lake Station		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Doris Hamilton		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Foreman		12b. KIND OF BUSINESS INDUSTRY Steel Manufacture	
13a. RESIDENCE - STATE IN		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Lake Station		13d. STREET AND NUMBER 2323 Union St.	
15a. ZIP CODE 46405		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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 highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 5+) 12		18. FATHER'S NAME (First, Middle, Last) Gustave Schmelzer			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Matilda Zittlau				20a. INFORMANT'S NAME (Type/Print) Doris Schmelzer			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2323 Union St., Lake Station, IN 46405				20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" 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 4, 2002 Calvary Crematory		21c. LOCATION (City or Town State) Portage, IN			
22a. EMBALMER'S NAME JAMES J. KRAUSE		22b. EMBALMER'S LICENSE NO. FD01006463		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licensee) FD29700036		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Olson Chapel 5341 Central Avenue, Portage, IN 46368			
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. Extensive laceration of mouth and right carotid artery. Severe coronary artery disease.					Approximate Interval Between Onset and Death Unknown
Conditions if any which gave rise to the immediate cause stating the underlying cause last		b. Due to gunshot wound.					THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.							
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No		28a. WAS AN AUTOPSY PERFORMED? Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Yes			
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of his 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> Coroner		29c. MEDICAL LICENSE NO N/A		29d. DATE SIGNED (Month Day Year) February 27, 2002	
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. Burt, D.O.</i>						32. DATE FILED (Month Day Year) February 27, 2002	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year) Feb. 25, 2002		34b. TIME OF INJURY Unknown		34c. INJURY AT WORK? (Yes or no) No	
34d. DESCRIBE HOW INJURY OCCURRED Gunshot wound		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Residence		34f. LOCATION (Street and Number or Rural Route Number City or Town State) 2323 Union Street Lake Station, Indiana			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) February 25, 2002		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. No.					