

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

Local No. 034-05

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED—NAME (Vern L. Hildebrandt), 2. SEX (Male), 3. TIME OF DEATH (9:21 AM), 3b. DATE OF DEATH (March 1, 2005), 4. SOCIAL SECURITY NUMBER (313-20-7871), 5b. UNDER 1 YEAR (79), 6. DATE OF BIRTH (February 19, 1926), 7. BIRTHPLACE (Schneider, Indiana), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1947), 9a. PLACE OF DEATH (Methodist Hospital Southlake Campus), 9b. FACILITY NAME (Methodist Hospital Southlake Campus), 9c. CITY, TOWN, OR LOCATION OF DEATH (Merrillville), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Mary Lou Mathews), 12a. DECEDENT'S USUAL OCCUPATION (Maintenance), 12b. KIND OF BUSINESS/INDUSTRY (City Sanitation Dept.), 13a. RESIDENCE—STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Gary), 13d. STREET AND NUMBER (4544 Lincoln Street), 13e. ZIP CODE (46408), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE—American Indian, Black, White, etc. (White), 17. DECEDENT'S EDUCATION (11), 18. FATHER'S NAME (Carl F. Hildebrandt), 19. MOTHER'S NAME (Theresa Scheurring), 20a. INFORMANT'S NAME (Mary Lou Hildebrandt), 20b. MAILING ADDRESS (4544 Lincoln Street, Gary, Indiana 46408), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (March 4, 2005, Calumet Park Cemetery), 21c. LOCATION—City or Town, State (Merrillville, Indiana), 22a. EMBALMER'S NAME (Alexis Thanos), 22b. EMBALMER'S LICENSE NO. (FD08600505), 23. WAS DEATH REPORTED TO CORONER? (Yes), 24a. SIGNATURE OF FUNERAL DIRECTOR (Alexis Thanos), 24b. LICENSE NUMBER (FD08600505), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Geisne Funeral Home, Inc. #FH83007762, 7905 Broadwya, Merrillville, IN 46410), 26. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) (Ischemic Cardiomyopathy), 26. 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), 28. WERE AUTOPSY FINDINGS DIFFERENT FROM PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER (Rupesh Shah, D.O.), 29c. MEDICAL LICENSE NO. (02002106), 29d. DATE SIGNED (02/01/05), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Rupesh Shah, D.O., 202 E. 86th Place, Merrillville, Indiana 46410), 31. HEALTH OFFICER'S SIGNATURE (Rupesh Shah, D.O.), 31. DATE FILED (March 3, 2005), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. PLACE OF INJURY, 34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) (MAR 03 2005), 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No), 34i. IDENTIFICATION NUMBER (03387).



FILED JUL 11 2005

Handwritten notes: (25)47-0050-0028, L.B. Snowdens Oak Grove Add, hot 28 Block 3

Handwritten initials: J.D.M.