

* 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. 1711-97

State No.

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

203278
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

15-16-0102-0025
Midway Add
lots 25+26
Block 1

1. DECEASED—NAME (First, Middle, Last) Alfred L. Hein Sr		2. SEX Male		3a. TIME OF DEATH 12:50A M		3b. DATE OF DEATH (Month, Day, Yr) August 16, 1997	
4. SOCIAL SECURITY NUMBER 309-09-3102		5a. AGE—Last Birthday (Years) 80		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) Jan, 21, 1917		7. BIRTHPLACE (City and State or Foreign Country) Whiting, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (if not institution, give street and number) Community Hospital				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) Ruth M. Boyd		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor		12b. KIND OF BUSINESS/INDUSTRY Oil Co	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Griffith		13d. STREET AND NUMBER 201 N. Raymond Ave	
13e. ZIP CODE 46319		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 only highest grade completed) Elementary/Secondary (0-12) 12 College (11-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) John Hein				19. MOTHER'S NAME (First, Middle, Maiden Surname) Olive Watts			
20a. INFORMANT'S NAME (Type/Print) Ruth M. Hein			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 201 N. Raymond Ave Griffith, IN. 46319			20c. Relationship Wife	
21a. METHOD OF DISPOSITION <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) August 19, 1997 Calumet Park Cemetery			21c. LOCATION—City or Town, State Merrillville, Indiana		
22a. EMBALMER'S NAME Not Embalmed		22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FDO 1006015		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Homes Inc 2828 Highway Ave Highland, IN. 46322 FH83003035			
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. THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. a. <i>Congestive Heart Failure</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>AUG 19 1997</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>[Blank]</i> DUE TO (OR AS A CONSEQUENCE OF) d. <i>[Blank]</i> DUE TO (OR AS A CONSEQUENCE OF)							Approximate Interval Between Onset and Death 01 08 10
PART II. <i>Alexander Holinga MD</i> LAKE COUNTY HEALTH COMMISSIONER				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) 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. 01031470		29d. DATE SIGNED (Month, Day, Year) August 19, 1997	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) J. W. George MD 7905 Calumet Ave Munster, IN. 46321							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Holinga MD</i>						32. DATE FILED (Month, Day, Year) <i>August 19, 1997</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) <i>DEC 20 2005</i>		34b. TIME OF INJURY <i>[Blank]</i>		34c. INJURY AT WORK? (Yes or no) <i>[Blank]</i>	
34d. DESCRIBE HOW INJURY OCCURRED <i>[Blank]</i>		34e. PLACE OF INJURY—At home, in store, factory, office, building, etc. (Specify) <i>PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR</i>		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <i>017062</i>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE LICENSE NO. (Type of driver, passenger, pedestrian, etc.) <i>281960</i>			